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Report on the Progress of Ophthalmology.

Read before the Kansas Medical Society, at Salina, Kansas, May 14, 1890.

BY D. F. LONGENECKER, M. D., EMPORIA, KAN.

(Concluded.)

From the absence of any evidence to show that tension in glaucoma is produced by increased secretion of intra-ocular fluids, the principal theories advanced have all been based on the belief that this effect is due to a disturbed circulation, or an obstructed excretion of these fluids.

The theory of Mr. Smith, undoubtedly, accords better with clinical facts than any other yet advanced; but even with this it is somewhat difficult to account for glaucoma in aphakia, or absence of the lens, as is known to occur not infrequently after cataract extraction.

The use of eserine in the treatment of glaucoma is chiefly valuable in recent cases, or before adhesions have taken place in Fontana's spaces. In all cases in which it is unable to contract the pupil, and to keep it contracted, it is useless, and may do harm. On this account the strength of the preparation employed, and the frequency of its application, should be the minimum which suffices to contract the pupil and to keep it contracted.

At the American Ophthalmological Society, in July, 1889, the value and safety of weak solutions of eserine, as against strong solutions, was generally concurred in, the attenuation varying from one-tenth to one-thirtieth of a grain to the ounce of water. Prominent among the advocates of this principle may be mentioned Drs. Theobald, Bull, Alexander and Risley.

Iridectomy maintains its position as being

more trustworthy in acute inflammatory cases, while sclerotomy has much argument in its favor in chronic cases, or in the hemorrhagic variety.

One of the arguments against iridectomy in any variety, is the resulting diminished vision due to the coloboma in the iris; but in acute cases, the energy it exerts as a remedial agent over tension in the globe, and blood pressure in the vessels of the iris, offsets in greater safety any resulting loss of vision.

Iridectomy in chronic cases is not followed by the marked termination of the disease, as often witnessed in the acute, and in these cases it may be replaced with advantage by sclerotomy.

OPTIC NEURITIS.

The *American Journal of Ophthalmology* for January, 1890, contains a report by Dr. Coggin, of Salem, Mass., of four cases of optic neuritis following measles. The interest of this report is enhanced by the fact, that text books infrequently refer to cerebral complications as a likely complication of measles.

The lesions in these cases he supposes to be a circumscribed basal meningitis and non-tubercular, though rarely tubercular deposits are present. He says the eyes may present the changes incident to a severe neuritis, and yet with no perceptible impairment of sight. Again, the vision may amount to only a perception of light.

Dr. J. L. Thompson, of Indianapolis, Ind., in a report to the American Medical Association, last June, gave his conclusions from the observations of several hundred cases of inflammation and atrophy of the optic nerve, with special reference to etiology and prognosis. The conclusions he draws are interesting, valuable and brief, so I will give them in full:

1. "Progressive atrophy, with no eviden-

ces of former inflammation, rarely gives any clue to its etiology. In such cases the prognosis is, that vision rarely improves. If it occurs in but one eye, which quickly becomes blind, and after an interval of several months no signs of failure in the acuity of vision takes place, then the prognosis is favorable as to the second eye.

2. "In atrophies of the nerve following pernicious intermittent fever, though vision has been almost *nil* for years, it often improves very much when least expected.

3. "Inflammation of the optic nerve resulting from violent exercise, disturbances in menstruation, etc., occurring in plethoric persons, admit of a favorable prognosis.

4. "Atrophies occurring in very anæmic patients, usually permanently impair or destroy vision.

5. "Where inflammation of the nerve is caused by meningitis, and that is of syphilitic origin, the prognosis is highly favorable; but when said meningitis is of other origin, the prognosis is gloomy as to sight and life.

6. "Inflammations of the optic disc caused by brain tumors often change so in appearance, and such improvement takes place in the patient, owing to subsidence of meningeal inflammation, effusion and other modifying causes, that one is liable to doubt the correctness of his diagnosis or to modify his views as to the prognosis; but death is the result, with few exceptions.

7. "Inflammations of the optic nerve and retina, occurring in the course of Bright's disease means death in from one to two years. I have seen many cases, and none have survived the last-mentioned period except pregnant women—some of these have died. One (in whom premature labor was brought on) has perfect vision, and one where it was not produced is stone blind.

8. "Atrophy of the optic nerve following long continued abuse of alcohol and tobacco combined, calls for an unfavorable prognosis as regards vision. But where those poisons are given up before atrophy sets in, even though the sight is but $\frac{1}{200}$, perfect vision usually takes place, not by the "tapering-off" method, but by the sudden discontinuance.

9. "Atrophy occurring during the process

of retinitis pigmentosa, either congenital or acquired, offers nothing favorable as to prognosis."

EVISCERATION.

Evisceration as a substitute for enucleation has made few converts. First, in S. O. it can not be relied upon; and in other cases for purely cosmetic effects, it is more or less of a failure. The recovery is protracted, painful, and not altogether devoid of danger to life, and the resulting stump hardly so great an improvement over that of enucleation as to warrant the suffering and risk.

The glass ball introduced by Dr. Mules, of Manchester, to take the place of the vitreous humor, has not proven satisfactory. The line of scleral union in most cases absorbs and allows it to escape from the socket.

Dr. A. E. Prince, of Jacksonville, Illinois, in a paper read at the American Medical Association last June, recommends for the relief of pain, which is a question of some moment in evisceration, and to prevent suppuration, a cauterization of the inner surface of the sclera with pure carbolic acid, and a subsequent packing of this cavity with iodoform before applying the stitches.

SYMPATHETIC OPHTHALMIA.

At the ninth meeting of the Ophthalmological Society at Heidelberg, held in September, 1889, the Græfe prize for the best paper published in Græfe's *Archives* during 84 to 86, was given to Prof. Deutschmann, of Hamburg, for his article on "Sympathetic Ophthalmia"

The paper was on the pathogenesis of sympathetic ophthalmia, and treated of the subject at length and led to the following conclusions:

"The disease which has received the name, 'Sympathetic Ophthalmia,' is a process of microphytic origin, passing from one eye to the other through the optic nerve apparatus; in a few cases a chemical process may be transmitted from one eye to the other over the same path. It is therefore justifiable to give the affection a name which will better express its character than the name 'Sympathetic Ophthalmia.' Ophthalmia 'Migratoria' might be a proper term. It must be kept apart entirely from that affection of the other

eye, which is dependent upon an irritation of the ciliary nerves of the first eye, is transmitted by reflex, and which justly bears the name of 'reflex irritation.'

"The development, course, termination, and therapeutics of these affections are dependent upon their cause. When once ophthalmia migratoria has set in we are almost powerless against it. Sympathetic irritation is cured by the removal of the primarily affected eye."

Leber holds similar views as to path of transmission, and the carrying agents of inflammation.

Gifford finds by experiments that neurotomy and neurectomy do not offer a bar to the transmission of bacteria from one eye to the other along the optic nerve sheaths and lymph spaces. He thinks also that ciliary irritation may play quite an important part in the development of inflammation after the cocci have made their passage to the fellow eye.

Alt, of St. Louis, while accepting as plausible the theories of Deutschmann and Leber as to path of transmission of inflammation by way of optic nerves, or the lymph channels described by Gifford, is not prepared to accept the statement that it is a microbian affection due to a certain germ. Of neurotomy and neurectomy he says they have had their day, and have flourished for awhile, and have been found wanting.

Experience has shown that the divided structures may reunite and interpose no barrier to subsequent inflammatory transmissions.

PROPOSED SURGICAL TREATMENT FOR OPAQUE VITREOUS.

Vernon Ford gives in the London *Lancet* for March 1, 1890, an article on "Surgical Treatment for Opaque Vitreous." The plan he proposes is as follows:

He makes an incision in the conjunctiva, above or below the external rectus muscle, and has the globe rotated inwards and held firmly by strong fixation forceps. He then takes a hypodermic syringe with a needle of large bore, inserts the needle into the vitreous chamber and draws off from ten to eighteen minims of the vitreous. The amount to be

drawn off at each operation depending upon the consistence tension, and general condition of the globe. The resecreted vitreous he says is clear. He resorts to the procedure in cases (not of specific origin) but where opacities result from inflammatory conditions of the choroid, retina and ciliary body, retinal hemorrhages, changes occurring in progressive myopia, and chronic and sub-acute glaucoma.

In reference to the above operation upon the vitreous, Gustavus Shortridge (in the *Lancet* of March 22) thinks that whatever benefit to vision might follow, the operation would be lost in from twelve to eighteen months; and furthermore, that there would in all probability be detachment of the retina, or eventual shrinking of the eyeball. He uses with success in many cases of opaque vitreous hypodermic injections of pilocarpine.

CORNEAL TRANSPLANTATION.

Up to the present date this operation can not be recorded as a success. Many and ingenious have been the instruments and operative methods devised for accomplishing this end.

Some of the later methods have, in the hands of skillful operators been attended by such assuring early indications as to inspire the hope that the problem had been solved, but to be followed only by chagrin when the graft, although firmly united in its new position became opaque as the former tissue.

Reports of partial successes are not wanting. Chisolm reports a late case by the method of Van Hippel, in which vision was increased from little more than perception of light to an ability to see his way about.

The *Proge's Medical*, July 13, 1889, contains a report by Dr. Gravenigo, of the University of Padua, of a successful operation upon the human eye by a graft from the cornea of a chicken. The graft was made recently, and the cornea is said to be transparent, shining and convex.

THERAPEUTICS.

Creolin has for some time been attracting attention as an eye remedy, but on more extended trial does not sustain itself for different eye affections as its early use seemed to predicate.

Dr. Schwinz, of Prague, found it without

effect in a large proportion of cases of ophthalmia neonatorum, and was obliged to fall back on boracic acid and nitrate of silver.

Dr. Alt, of St. Louis, after a somewhat extended use of the article for many and various eye affections, found it to possess positive value only in parenchymatous keratitis, as a hæmostatic in surgical operations, and as a disinfectant for surgical instruments. He uses a one per cent. to two per cent. solution. It has been found beneficial by some in xerophthalmia.

OLEATE OF VERATRIA.

Dr. Theobald, of Baltimore, recommends oleate of veratria for Asthenopia, due to eye strain; and as a preparatory treatment of the eyes before testing for refractive errors, especially astigmatism. With regard to use of it for the latter purpose, he says it is unlike belladonna, and that it neither dilates the pupil nor paralyzes accommodation. He uses a ten per cent. strength one application a day, and a small quantity (as much as can be gotten upon the finger-tip by twice touching to the mouth of the tilted vial) should be rubbed upon the forehead and temples.

REFRACTIVE ERRORS.

In the working department of this branch of ophthalmology, there has been a very noticeable tendency in the last few years to prescribe glasses for lower grades of astigmatism than was done formerly.

This has been a decided advance, as experience has shown that a 0.25 D cylinder will often completely remove troublesome asthenopia, that unrelieved, would in many cases totally incapacitate the individual for protracted near work.

These cases may have perfect vision of $\frac{20}{20}$, or better, with no apparent objective symptoms to account for the annoyance, but on thorough paralysis of the accommodation with homatropine or atropia, the want of symmetrical accommodation is established.

There has been an effort made latterly to simplify a process of determining refractive errors, which on account of limited outlay and ease of manipulation, would commend itself to the general practitioner. This procedure is called retinoscopy, and consists in throwing a reflected light on the area of the

pupil, when the character of the illumination, as the mirror throwing the light is rotated on its vertical or horizontal axis, and the dark shadows which move with or against the illumination, will give an index of the refractive error if any present. Oculists, who have had experience with this method, claim that after having mastered the first principles, examinations are not attended by any great amount of difficulty, and that the results they get are more satisfactory than those by the old method.

The advantages they believe are due to the objective conditions obtained without being influenced by subjective statements.

Retinoscopy has made considerable progress in England and France, and some in this country; but the majority of ophthalmologists believe it inferior to the old trial glass method; and also that it can not be used successfully by the general practitioner.

Probably the one question in ophthalmology around which most active warfare has been waged during the last year, marked by earnest and energetic assumption on the one side, and disparaging skepticism on the other, has been the operation of graduated tenotomy for the restoration of muscular equilibrium.

The measure introduced by Dr. George T. Stevens, of New York, several years ago, and since advocated by others, based on this principle, and having also for an ultimate object the relief of various functional nervous disturbances which afflict so large a proportion of mankind will prove, if found half as efficient as some of its enthusiastic advocates claim, one of the most beneficent agents of modern introduction.

The martyrs to headache and eye strain who have had these distressing paroxysms prevented or ameliorated by the application of proper glasses for refractive errors, has been demonstrated to the satisfaction of the most skeptical.

The operation of tenotomy, above-mentioned, is shown to not only relieve headache and eye strain unrelieved by glasses alone, but to have a therapeutic effect, unapproached by internal medication over many cases of chorea, epilepsy and allied diseases, and as such is a boon of great magnitude, and full of interest

to the general practitioner as well as the neurologist and ophthalmologist.

The operation, it would seem, has been in use long enough, and can furnish statistics enough to exempt it from adverse theoretical criticisms and to be received on its merits, which viewed in an unbiased manner through results, should grant it a place as an established procedure.

In concluding this paper, which is already too long, I will only briefly allude to massage, a mode of treatment which has come much into vogue in both medical and surgical practice in recent years, and has also found its uses in ophthalmic cases.

It is strongly advocated by Snell, Pfalz, Mules and others. The mode of employment as advocated by Snell, consists in rubbing gently to and fro, and in a more circular manner, the eyelids over the eyeball.

Some form of lubricant is used, as vaseline, or for corneal and conjunctival affections, the yellow oxide of mercury ointment is to be preferred. It is said to be valuable, chiefly in chronic affections of the cornea and conjunctiva, although it may be used in acute cases if free from irritability, and also not without hope of benefit in some intra-ocular troubles.

Dr. Mules reports a case of restoration of vision by massage in a recent instance of embolism of the central retinal artery.

Ocular Surgery.

Read before the State Medical Society at Salina, Kansas, May 14, 1890.

BY G. A. WALL, TOPEKA, KAS.

The question "is ocular surgery easy?" was brought to my mind by many times having people say it is; on the contrary I hold, that the capital ophthalmic operations are as difficult as surgery on any part of the body. No doubt we have many simple eye operations, but we also have many simple operative procedures any where else. How easy it is to ruin the only chance our patient has, for obtaining sight, by a poorly done cataract operation and incur his enmity the rest of his days, if not a malpractice suit. I will briefly

review the requisites for good eye operating. The eye and its appendages notwithstanding the delicacy and complexity of the structures of which they are composed, or perhaps by reason of this complexity and delicacy are extremely tolerant of discreet surgical interference and are made the subjects of a variety of operations. Some of them have for their object the removal of an opaque substance from the visual track. Others the displacement of the pupil from behind an opacity which does not admit of removal. Others the liberation of the iris from restraint or the establishment of a free pupillary opening. Others the diminution of injurious intra-ocular tension. The foregoing aim at the preservation, the improvement or restoration of sight and may be regarded as the capital operations of ophthalmic surgery. While a second group is formed by those which are chiefly designed to improve the appearance of the patient such as the operation for squint or for staining or concealing a conspicuous corneal cicatrix. A third group which may be illustrated by operations for malpositions of the lids, holds a somewhat intermediate position and its members may be productive of both visual and cosmetic improvement. The operative surgery of the eye is an art which demands from any one who would either understand or practice it a careful study; first a study of the mechanical acts that are to be accomplished and the difficulties that may interfere with their accomplishment. Next the training of the hands to the use to which they are to be put. Such study should not be considered superfluous by any surgical practitioner, however little he may design to become an ophthalmic specialist, for there are conditions in which prompt interference is at times as essential to the preservation of sight as the prompt interference of herniotomy, or prompt ligation of an artery can ever be to the preservation of life. The means by which the objects of the ophthalmic surgeon, as well as any other surgeon, are accomplished are the instruments employed and the hands that employ them. It would be waste of time to give you the names and uses of the various instruments employed; suffice it to say, they are more numerous than necessity required.

The hands, of course take precedence, and nowhere so much as in eye surgery do they need training. We should endeavor to gain perfect control of our hands. Carter sums up the qualities of hand which are combined in an accomplished eye operator, viz: first—a high development of what is called by physiologists “muscular sense,” the faculty by which we feel and estimate the degree of force we are exerting either in pressure or traction. Second—the power of uniting the hands in consentaneous movement, and of directing the intelligence to them simultaneously, so that they may work smoothly and harmoniously together as a single organ for the attainment of a common object and may both at once be equally under the control and governance of the will. Third—the power to employ the left hand indifferently with the right for the guidance and use of cutting or other instruments; Fourth—Steadiness. It is by means of muscular sense that we are able to combine the precise degree of force which will accomplish our end with the utmost gentleness. There is a period in cataract extraction which illustrates this point; when an incision has been made into the anterior chamber, the aqueous humor has been evacuated, and the eyeball rolls upwards, by the reflex action of the superior rectus, we must pull it down before iridectomy can be made. For this purpose therefore a pair of forceps should be made to close imperceptibly on the conjunctiva and subjacent tissue and traction should be applied so gently that the eye will roll down quietly as soon as the muscular resistance is overcome. There will be no strain upon the coats, and no gaping of the wound unless the action be spasmodic, in which case more profound anæsthesia would be indicated. Should the assistant snatch the conjunctiva hastily and drag upon it rudely, it may well happen, that the wound will gap, and the zonule of zinn be ruptured and vitreous humor prolapse, which would be fatal to the welfare of the eye.

The consentaneous use of both hands is demanded by the frequent use of two instruments at the same time, as it is now almost universal of fixing the eye by forceps or other contrivance. The requirement of ambidex-

terity arises from the circumstance that it is generally most convenient for the operator to stand behind the patient, while at the same time the projection of the nose renders it necessary that nearly all operations should be commenced from the temporal side. There are recognized oculists who discountenance left handed operating, claiming that we should give our patient all the chances there are, and this can not be done, unless the operator be really left handed, which of course the minority are. Probably their principal reason is that they cannot or else they failed in obtaining ambidexterity and never took any pains to acquire this accomplishment. By coming around in front of our patient for the left eye it is possible to do most ophthalmic operations with the right hand alone. It is stated of a surgeon that he placed his patient in a chair and then sat on his knee in order to operate on the left eye with the right hand. This was indeed a very ingenious method, but it is questionable if our patients, especially the opposite sex would accept the situation with good grace at the present day. Nothing looks more awkward than to see an otherwise good operator, endeavoring to obtain good light and an easy position in order to operate right handed on the left eye. In my opinion a cataract operation is made much more serious when we are compelled, because we have not acquired ambidexterity, to operate from the front. We are cutting away from us, and we have neither so good a view nor such control of the knife as we do when operating from behind, and consequently cut towards us, thereby glancing immediately down on the edge of the knife. No one who has paid adequate attention to the subject can entertain a doubt that the ordinary incapacity of the left hand does not depend upon any great organic difference between the two but that it is chiefly the result of customs of society, in compliance with which children are chidden and restrained whenever they attempt to do with their left hand anything which is ordinarily done with the right. Sufficient ambidexterity for the use of the knife in the left hand may usually be attained with a very moderate degree of practice and trouble. For good operating absolute steadiness is indispensable, because

the commencement or course of incision should not deviate the fraction of a line from the previously formed plan of the surgeon. Steadiness as a mere physical attainment is, one of the results of training; but there is an unsteadiness produced by mental causes, by anxiety to do right, or by want of self reliance which may amount to a positive disqualification for operating which in its minor degrees is best met by avoiding the more delicate procedures until time has been given for the gradual growth of confidence and influence of success. We will now consider briefly the more general details of operations; regarding our instruments, all instruments used in eye operations should be absolutely clean. They may be rendered aseptic by immersing them in boiling water or absolute alcohol and various other ways. For my part, I use either a 5 per cent carbolic acid solution or boric acid (x—xx gr.— $\bar{3}$ i.) solution. Besides these precautions all cutting instruments, knives, scissors, etc., should be sharp; a sharp instrument is a desideratum in most surgery, but it is very essential often to the success of an operation performed on the eye, as not only is the manipulation of a sharp instrument much easier but the greater dragging bruising or stretching which may be caused by blunt steel is not favorable to healing by first attention. The patient should be placed in such a manner that the operator or his assistants do not intercept the light which should preferably come from one side only. The introduction of cocaine has done away with the employment of general anæsthesia in most eye operations. The more important eye operations can now be performed with the aid of cocaine; without causing much pain. It is always well to make the patient keep the eye closed for a time after the instillation of it, because if this is not done, there is a tendency to rapid dessication of the surface layers of the cornea, on account of the insensibility which the anæsthesia produces, checking the normal blinking and probably also the normal flow of natural lubricants. The value of antiseptics in eye operations has become so definitely established that it would be considered poor surgery not to make use of them, for in no operation

can suppuration cause any more disastrous consequences than in that following operative interference in the eye, and it should be the aim of every ophthalmic surgeon to use the method which will be most liable to bring about union by primary intention. With regard to antiseptics my first choice by all odds, is the bi-chloride solution (1-5000.) Next comes boracic acid. It is an efficient antiseptic and very destructive to low organisms. A solution of 1-133 arrests the activity of bacteria (Potter.) Before operating the conjunctival sac should be thoroughly washed out with corrosive sublimate solution and the surrounding skin also carefully cleansed. I omitted earlier in speaking of cleansing the hands. As in any other surgical procedure it is well to thoroughly wash.

Suspension Treatment in Locomotor Ataxia.

Read before the Eastern Kansas District Medical Society, at the Soldier's Home, July 8, 1890.

BY O. C. M'NARY, M. D., SOLDIER'S HOME.

Mr. President and gentlemen of the Society:—

You have been pleased to place me on the programme this afternoon for a clinic. This is entirely out of my line. I am a worker but cannot talk to any advantage. However I will attempt the part assigned me and will try to interest you. Out of many interesting cases in my wards, I have selected for your consideration two cases of aneurism and three cases of locomotor ataxia.

During my service of a little more than three years in this hospital, I have had under my care seven cases of aneurism, with five deaths. During the same length of time Dr. Weaver has had one case, making eight cases in this hospital in three years.

I will not take up time by calling up literature on the subject; neither will I refer to the anatomical or pathological character, the clinical history or symptoms except in so far as they concern these cases presented.

The first case is that of James Mahoney, white, age 55, single, a native of Ireland. By occupation a laborer. Admitted to the hos-

pital September 8, 1888, with the following history:

About three years ago (in Cincinnati) while working in a mill he fell upon the edge of an iron trap door in the floor, striking his breast and he dates his whole trouble from this fall. About January, 1888, he began suffering from an irritating cough, and feeling slight difficulty in breathing, which steadily increased in severity, and on account of which he was admitted to the hospital. On percussion at time of admission, a dullness was found under and to the right of the manubrium covering an area of perhaps $2\frac{1}{2}$ inches in diameter. On auscultation the sounds of the heart were heard abnormally loud, but no bruit or scuffle. On palpation at the intercostal spaces the impulse was found so great that no matter how firmly pressure was made, the finger was forced away by each impulse. On inspection the impulse was very distinctly seen, even at a distance. The voice was husky, and he was continually troubled with a tickling cough. Very little air penetrated the right lung although it seemed sound. There was some difficulty in swallowing, and he complained of pain in the region of the tumor simulating neuralgic pain and paroxysmal in character. After repeated examinations I diagnosed aneurism of the ascending arch of aorta.

In November (two months after admission) complained of pain in back and greater difficulty in swallowing. December 8, 1888, I have the following note, "his food seems to lodge in his throat and he is obliged to drink water to wash it down. Ordered soft food." December 12, "I thought I could hear a scuffle on auscultation, for the first time." January 28, 1889, "uses liquid food almost entirely and complains that even the liquid seems to stop in his throat at times. His eyes are somewhat blood-shot and face congested. There appears to be a softening of the costal cartilages in the situation of the tumor, and the area of dullness has increased to about four inches in diameter."

Since this last note the symptoms have changed but little, the costal cartilages are undoubtedly greatly absorbed over the tumor. This you will notice distinctly when you examine him which I hope you will all do.

He is proud of his tumor and will answer any question and let you examine him all you wish. I consider the aneurism to be pediculated in character, which accounts for the bruit being seldom heard. On account of its weight it is now somewhat lower in the chest than when first noticed.

Treatment has been large doses of potas. iodide with occasionally *verat. viride* to control the heart's action, together with perfect rest and freedom from excitement.

Case 2—William Lloyd, white, age 61, single, native of Ireland; by occupation a laborer. Admitted to hospital January 31, 1890, complaining of diarrhoea and pain in the region of the umbilicus. He was considerably reduced in flesh, the abdomen flabby and the bowels apparently empty.

On examination I found a pulsating tumor about the size of a small hen egg, immediately above the umbilicus. On auscultation, heard distinctly the blowing sound of an aneurism. The heart sounds were normal. The tumor has continued to increase in size until it is now apparently about three inches in diameter, and is painful on pressure, so that he cannot bear his trousers buttoned. Pain is also felt in the spine, and I suppose the vertebræ are becoming eroded. I will place him upon the operating table where you can examine him at your pleasure. But I request you to be careful in handling the tumor as an aneurism, as it increases in size, becomes thin and very brittle. I consider this to be of the fusiform variety.

The treatment is the same as in case 1, viz.: rest, quiet, potas. iodide and occasionally *verat. viride*. I am also careful of his diet and endeavor to keep his bowels soft and regular. I can obtain no specific history in either case.

I have under treatment by suspension, five cases of locomotor ataxia, and it is for the purpose of showing you the effects of this mode of treatment that I bring the cases before you. Of these five cases, one is now on furlough, and one clerking at headquarters. These I cannot present, but the other three are ready for your inspection.

Before I proceed further I will say that I am disappointed in the results obtained. From my reading on the subject I was led to expect

more benefit from the treatment than they have obtained. However there is undoubtedly a marked improvement in every case, in the reduction in severity and frequency of the lightning pains, in the co-ordinating power, in strength, in cheerfulness of disposition, and in the stomach troubles. In relation to the stomach troubles I wish to say, that I have never seen anything on the subject of stomach affliction in locomotor ataxia, except where Hamilton says that Buzzard found disease of the pneumogastric, and some others speak of reflex vomiting. In every one of my cases there has been in the early stages especially a species of gastric catarrh that has been troublesome to me. This aside and distinct from the reflex vomiting; whether it belongs to the disease or not I am unable at present to say, but I wish to call your attention to it.

Case 1—Henry Kerwin, white, age 43, single, a native of Massachusetts and an iron moulder by occupation. Admitted to hospital October 13, 1888. Diagnosis locomotor ataxia. The disease was first noticed by him while carrying (with another man) 500 pounds of melted metal in a ladle. He says he felt something give way in his heel, (by the way pain in the heel is one of the early symptoms of the disease,) but he kept at work until one day pain in the heel was so great that he fell and the ladle full of melted metal flowed under him burning him badly on the leg and side. He laid in bed about three months, and when able to get up he found he could not walk without staggering. This was in 1879. In 1883, he went to Colorado, and could work a little at moulding, mining and smelting, but was obliged to stop work in 1886. He came to the Home unable to walk in '87. He was under no treatment for the disease before coming to the Home, except for a short time in Colorado some physician prescribed nitrate of silver. No treatment was received in our hospital except phosphate of silver and extract nuxvomica, until December 3, 1889, when treatment by suspension began. At first twice each week, and then every other day. I began with a suspension of $\frac{3}{4}$ of a minute and gradually increased the time until now he receives and has been for two months receiving eight minutes every other day. My first ap-

paratus was the Sayer, making the suspension from the head and under the arms. But I found that with my heavy men it produced contraction of vessels and nerves under the arms, and I changed it to Wier Mitchell's modification of the Sayer apparatus, which suspends the patient from the head and elbows. An illustration of this apparatus will be found in Brothwaite's retrospect for January, 1890. You can see it also as we pass through the wards, I now use it entirely; I have been intending to make a modification of this apparatus, which will have a spiral spring weighing appliance (similar to those used by butchers) attached to the pulley that bears the weight from the head. By this means I can tell to a certainty the amount of tension on the neck, and regulate it accurately. I expect to have this in working order soon. One notable symptom of this disease is fear. To overcome this disease I have had my apparatus made very strong, and yet they are unwilling to be suspended unless I am personally present.

Case 2—Jonathan Godfrey, white, age 44, married, and a native of New York; by occupation a house mover. Admitted to hospital August 26, 1889. Diagnosis, locomotor ataxia. He was suffering so from his gastric catarrh, that all treatment was directed toward the stomach up to March, 1890. The catarrh was exceedingly troublesome but eventually yielded to treatment. The first symptoms of locomotor ataxia were noticed by him about January, 1888. Pains in chest and a difficulty in walking; he felt as though he would fall over one way or the other. The disease increased in severity with all symptoms, the lightning pains especially being severe, until treatment by suspension began March 1, 1890. When I began treatment on this man I had become somewhat accustomed to handling the apparatus and watching the effects on the patient, and he being a man of light weight, I began with a suspension of $2\frac{1}{2}$ minutes every other day, increasing rapidly until he now receives eight minutes every other day. The cause of the disease in this case was in my judgment, over indulgence in sexual intercourse.

Case 3—Alphonzo Longacre, white, age 47, single, native of Pennsylvania; by occupation a stock buyer. Admitted to hospital June 17,

1890. Diagnosis, locomotor ataxia. First noticed in the summer of 1884. A difficulty in walking, and indefinite shooting pains over chest and abdomen, and what he calls dyspepsia. Has been a man of strong animal passions, and was, formerly in the habit of having sexual intercourse two or three times a night about every second or third night for several years. This is undoubtedly the cause of his disease. Has not had an erection or connection with a woman now for about six years, and yet about every six months has had nocturnal emissions. Began treatment by suspension June 19, 1890, giving a suspension of two minutes duration every other day, gradually increasing in length of time, and now is suspended five minutes at a time.

Besides the treatment by suspension, I have all employ massage upon themselves, and all are taking pills containing argent. phosphate and ext. nux vomica, and twice a week they enjoy a sulphur bath. The gastric catarrh I have treated with warm water, pepsin and an easily digested animal diet.

To sum up the effects on these three cases; all have regained the co-ordinating power in the arms so far as to enable them to close the eyes and place the fingers on the tip of the nose. All have become cheerful in disposition, and when I get them together for suspension, there is a continual fire of jokes and laughter that would do your heart good to hear. All eat better, digest their food better, sleep better, and are gaining in flesh. In none of them has it had any effect upon the lost "tendon reflex."

Case No. 1, Kerwin, who had not walked for three years, can now walk along that porch by holding to the railing, and only yesterday I saw him take four or five steps without support. In this case the bladder is no more a source of trouble to him and his bowels work well.

In case 2, Godfrey, the vomiting and gastric catarrh were the most obstinate, but he now has no difficulty so long as he does not transgress my rules of diet.

In case 3, Longacre, the duration of treatment has been too short to say much about its effects, but he tells me every day of some slight improvement he imagines he feels.

As I said when I first brought these cases before you, I am disappointed. From my reading I was to expect more and greater results from it, and I have not been satisfied. Nevertheless, as long as I can see ever so slight improvement as I have told you of, and as the patients will tell you of, I am encouraged to continue it.

President's Address.

*Read before the North East Medical Society,
at Atchison, Kas., May, 1890.*

JOSEPH HEIGH, M. D., GRANADA, KAS.

GENTLEMEN—It was with some reluctance that I started to prepare this paper, for I found upon the receipt of program that I did not have the subject I had expected to talk upon, viz: "Non Operative Gynecology." But upon due reflection I decided to offer a few remarks upon a subject in which each practitioner is an unwritten law unto himself. Before we reach the lying in climax however, I will speak of the troubles before "Parturition, during the Pregnant State." I presume every doctor present could truly say that in his practice he had met cases that tried his soul and patience as never before, and that too often the culmination was abortion. I do not speak of those cases brought about by criminal means, which are, unfortunately, too frequent in the last few years, to speak well for the moral outlook of our nation. We meet with cases that have been of a nervous temperament through life and now owing to the state of excitement of the nervous system, growing out of the pregnant condition the reflexes are all in a state that is likened unto the powder and fuse, and all that is needed is the match to have an explosion. We also often have persistent vomiting even sufficient to endanger the life of our patient, and even abortion is sometimes brought about to save the woman. The various neuralgias you are all familiar with, and a bad factor is that quinine. One of our best anti-neuralgic agents is at such times to say the least an unsafe agent. Now gentlemen what do you do in those cases? For my own part I believe in threatened miscarriage

that our best agent is black haw, and that the fresh bark dried under our own supervision, and a tea kept constantly on hand and used during the whole period, will carry every patient safely through that can retain the medicine. The fluid extract you cannot always depend upon, the tea you can; I have carried cases through where every other known means had failed, and even the fluid extract seemed to exert but little influence, by at once putting the patient upon a strong tea made from the viburnum cortex. For the vomiting of pregnancy I have never seen a case which I could not control by vesicating the spine from first cervical to sixth dorsal vertebra and keeping it slightly irritated; here again reflex action plays an important part. For the various neuralgias I find antipyrin a mainstay indeed. With these remarks I will pass to labor as ordinarily understood.

Why does labor come on in about 40 weeks of 7 days each after conception? Not a gentleman present can answer to-day without giving an answer that has been controverted time and again. It is a kin to the question how does mind and matter unite? Well when we enter the lying in chamber we find a woman at times convulsed with pain at other times easy. On examination we find that organ, the uterus, like a thing of wind, and life is endeavoring to expel its contents; it makes an effort for a minute then relaxes and after awhile returns with greater energy, the contractions come closer, say two or three minutes apart, as it contracts. The circular fibres around the os relax and are taken up apparently, the child's head passes through its former prison door and impinges upon the perinæum and then begins an effort to force that part to relax, and it seems it is only done by the persistency of the attacks made upon it by the relentless organ, the uterus, backed now by the reinforced aid of the abdominal muscles. Now about our patient, can she control this? not at all in so far as uterine contractions are concerned, and among civilized women these are minutes of the most almost unendurable agony. Now then we come to the question, can we not as physicians relieve, in part at least, this terrible torture that our own and others loved ones must go through to become

mothers? Or must we sit idly by as I have often heard our older doctors remark, "let nature take its course."

I believe in nature but even nature may be directed into a better channel than devastating forms by wind and water and lightning. She may move our ships, turn our mills, carry our messages if directed by an Edison, a Morse, a Fulton, a Franklin, or a Watt! Cannot we direct here? If the pains are strong and regular let us at the height of every pain see that our patient has partial anæsthesia from chloroform, we will find in a few pains a relaxation of os and perinæum that would have taken hours of unremitting efforts to accomplish? So much for the mechanical part, but is that all? No our patient with grateful thanks asks us to be ready to meet the next pain; she has passed the last without one-third of previous suffering, and she feels that progress has been made, she rests between those pains, her nervous excitement calms down. We take a solution of cocaine in oil and annoint the os, vaginal canal, and especially the perinæum, and the result is the sensitive condition present before, now under chloroform and cocaine has disappeared. Brother doctors is not this a grand achievement of this century? The ability to lend this aid, confer this relief upon those we love;—we all love a woman, if not our own some other man's woman. Another view, we have a patient that has lain for hours, pains frequent but irregular, weak and gradually wearing out our patient's strength and courage. Shall we let "nature take its course" here? No we will have some action here. Doctor, you say use ergot here. I say no, why? Because with a couple or at most three seven grain capsules of quinine given thirty minutes apart you can have all the contraction you want from $\frac{1}{2}$ to $1\frac{1}{2}$ hours. Then use your chloroform and cocaine, and you will be through in a short time while under former teachings your patient might have several days lain, and finally succumbed from exhaustion.

Another thing fought over by our profession is the question of removal of the placenta. For my part after trying both methods I now remove the secundines immediately. I feel that the immediate clearing of the uterus

insures us more against hemorrhage, and our patient feels better, for she is through and the dread removed. I put each patient upon an active antifebrile treatment from the start believing the way to treat fever following confinement is not to have it if possible.

I also wash out vaginal cavity or have it done if possible using a 1 to 10000 bichloride solution in preference. I believe scrupulous cleanliness is the great element of safety following labor.

Another word and I am done. I believe the Tait method of producing free catharsis by saline purgatives is the best plan in threatened pelvic or abdominal inflammations. I believe in the very incipency of an attack of peritonitis if that plan is carried out, we will abort the mischief, and after inflammation is fully inaugurated I would still say I believe Tait's ideas are correct, for the peristalsis prevents agglutination of coils of intestine, and carries off all morbid accumulations in the same. It does not prevent using opium for the pain, for I find I can use quite large doses of opiates and still with sulphate of magnesia, if fresh, secure good free watery evacuations. I believe the salol (*salicy. phenol*) to be also a great agent in those cases, as it reduces temperature to some extent, is an analgesic, and combines two of our best antiseptics in a manner that is usually grateful to the stomach.

The Reflexes as Aids In Diagnosis.

*Read before the Lyon County Medical Society,
February 3, 1890.*

BY CHARLES GARDINER, M. D., EMPORIA.

Reflexes are involuntary muscular contractions which take place as the result of some impression, painful or otherwise, acting on a part more or less remote from that manifesting the phenomenon. For the production of a reflex four things are essential. First, a sensory conductor to transmit impressions from the periphery to the center. Second, a center capable of receiving sensory impressions and transmuting them into motor impulses. Third a conductor to convey motor

impulses to the periphery. Fourth, a peripheral organ capable of responding to the motor impulse. The location of the nervous arc concerned depends upon the quality of the reflex act. This may be of an animal nature entirely or may manifest some degree of intellectual development. Most of the acts of organic life are reflex. It has been said that the human body, in health is a bundle of reflexes.

The spinal cord and sympathetic nervous system control the reflexes as well as many automatic acts, such as walking, riding horseback, etc. The rapidity of action in many reflex acts precludes the idea of mental deduction. I attended a blacksmith who after striking a blow with his sledge saw a piece of iron coming towards his eye. The lid closed so quickly that the piece of iron penetrated it wounding the eyeball. The cerebrum inhibits the reflexes and to this extent the brain and cord are antagonistic in their action. This is well shown by studying animals which prevent the greatest development of these two parts of the nervous system. At one extremity of the scale we find the frog, at the other, man. In the frog more than one-half of the nervous matter is in the spinal canal and sympathetic system. A decapitated frog can live for a day or more, hopping about when disturbed by jarring or pinching, and will swim if put into water. If a part be irritated with acetic acid the headless frog will rub the painful part with the foot nearest to it. If this foot be amputated he will after several awkward attempts rub the painful spot with the opposite leg. Opium causes convulsions in the unmutilated frog, and we have all seen the convulsions caused by slight irritation after a frog has been put in water containing a minute quantity of strychnia in solution. The inhibiting influence of the cerebrum is at a minimum in this animal. It is the convulsive creature of the animal kingdom. In man at the other end of the scale the inhibiting influence of the cerebrum is paramount. Fourteen-seventeenths of the nervous matter is in the encephalon. In the child before the cerebrum is fully developed we see a greater tendency to convulsions than in adults, as in teething, indigested food, worms. We are cautioned about giving

opium to children because it may be followed by spasm instead of sleep or relief from pain.

Reflexes may be divided into two classes, superficial and deep. The superficial or skin reflexes are excited by light touching, striking or pinching with the fingers, or some tight body. Deep firm pressure or a strong blow will not evoke them. The best known are the palmar—the epigastric; the abdominal, the cremasteric, the gluteal, the plantar. Besides these there are the cranial reflexes, such as sneezing from irritation of the nasal mucous membrane. Cough as the result of irritation of laryngeal mucous membrane, and dilatation of the pupil caused by pinching the skin of the neck, and the dilatation of the pupil caused by painful impressions on any part of cutaneous surface. Of far more importance than any of these is the reaction of the pupil to light.

Laughter may be excited in some persons by tickling them on the sole of the foot or in the axillary region and they will laugh although they use their best efforts to control themselves. If the tickling is kept up they continue to laugh until it becomes painful, and although they are in a very different frame of mind. A ludicrous sight or a mirthful retort causes us to laugh, but in the latter case we laugh because we enjoy it and the intellect takes part in the process. In the first instance a lower arc of nerve tissue is involved. In some persons when susceptibility of the nervous loop is increased the laughing may take place without any apparent cause. The laughing and crying of hysterical cases are in point. Sneezing is a reflex act, calling into play the same muscles as coughing, but starting from irritation of the nasal mucous membrane. Reflex cough from irritation of larynx, entrance of foreign bodies into air passages and in early phthisis, the short dry hacking cough caused by the irritation of little masses of tubercle in the lungs, point to that disease when there are no other symptoms.

Hiccough may be stopped by tickling the nose with a feather or by holding liquid in the mouth and swallowing thus substituting one reflex act for another.

Reflex vomiting has many interpretations. There is a vomiting center in the medulla near

the respiratory center. Motor impulses are sent to the abdominal muscles and pylorus and to the cardiac opening of the stomach.

The pylorus and the abdominal muscles contract violently. The cardiac opening relaxes and the contents of the stomach are expelled. This center seems to be connected intimately with all the various organs of the body. It may be excited to action by disagreeable odors; depressing emotions; the sight and smell of blood—by effects altogether mental. Drugs act on the center through the blood and also toxic agents, formed or retained in the blood, as in cases of uræmia.

Disease such as hemorrhage, tumors or abscess or other pathological conditions involving the brain. Diseases of kidneys, ovaries and uterus. The reflex vomiting of pregnancy is of almost daily occurrence and so severe at times as to cause death. When the uterus is dilating rapidly in the first stage of labor nausea and vomiting are generally present and often very annoying.

If, in the absence of irritation or disease of the stomach, sudden and painless vomiting occurs in a person past middle life or in one prematurely aged as shown by hardened arteries, arcus-senilis and other evidences of senility, it is probable that the vomiting is reflex, depending upon the pressure or irritation of the center by a clot or tumor, and if in addition to this the respiratory movements are normal or subnormal in number, and there are no symptoms of collapse, then it is almost absolutely certain that a hæmorrhage, moderate in amount, has taken place and involves both the vomiting and respiratory centers. If under the conditions above set forth sudden and painless vomiting with more or less collapse appears it is in all probability of uræmic origin. In vomiting from ordinary causes the respiration is more frequent than in health and there are always some symptoms of collapse.

Deformities are frequently the result of reflex irritation. In some cases they are paralytic, in others spastic and sometimes both paralysis and spasm are factors producing deformity. When examining cases of congenital club foot Prof. Sayre grasps the foot and attempts to bring it into the natural position.

He then presses on the short tendon and if reflex movement follows he says the tendon will not stretch and a tenotomy must be performed.

Some long standing cases of paralysis, especially in children, are entirely reflex, as shown by the rapid and complete recovery after the irritation is removed. Circumcision and detachment of adherent prepuce have cured many cases of supposed infantile palsy. It is surprising to see the serious results that sometimes follow, what is to all appearance an insignificant lesion, such as the entanglement of the peripheral fibers of the nerve in a wound or cicatrix followed by tetanus. We see epileptiform convulsions caused by decayed teeth, irritating matter in the intestinal canal, worm, indigested food, etc. The reflex fever of indigestion is common in children and is occasionally seen in adults. Urethral fever chill from passages of the sound occur in the practice of all surgeons.

Chronic joint disease always presents departures from the normal in outline movement and position that are peculiar to the joint involved and that are so characteristic as to be a diagnostic feature of the disease. In the absence of joint destruction these changes are due to the reflex spasms of the more powerful groups of muscles connected with the joint. When we strike the chest wall a smart blow with a percussion hammer or the fingers an elliptical elevation will appear in a few moments at the point of impact. An attempt has been made to make this reflex available in diagnosis.

A special hammer has been constructed so that the force of the blow can be measured. A harder blow can be borne without discomfort by a healthy person than by one suffering from disease. In the latter a light blow produces the reflex and it is still easier to excite it on the diseased side.

The deep reflexes are elicited by striking a tendon or bone or deep lying tissue when the neighboring joint is in a certain position. The best known of the deep reflexes are the chin jerk, the bicipital tendon reflex, the ankle clonus and the patellar tendon reflex or knee jerk.

The chin jerk is evoked in the following

manner: The mouth is opened until the teeth are separated about one inch, the chin resting lightly in the hand of the operator who delivers a light blow in a downward direction on the mental process of the chin. The word chin-jerk describes what follows if this reflex is present as well as a page of writing could. To elicit the bicipital tendon reflex have the forearm slightly flexed the tendon just on the stretch, then strike the tendon. Sometimes the forearm will jerk and again the hand and fingers may contract one or more times. The ankle clonus may be caused by striking the tendo Achillis or the plantar surface of the foot or by bending the foot strongly toward the anterior surface of the tibia and then suddenly releasing it, when if the ankle clonus is present the foot will make two or three movements on the leg.

As a rule these reflexes cannot be produced in the majority of healthy individuals. If they are present and not exaggerated they show that the nerve loop concerned is intact. Their absence, taken alone, does not mean disease. If they are present and exaggerated as shown by their following slight irritation, then there is some functional disturbance or disease of the nerve connected with that particular reflex or there is some interference with the inhibiting effect of the cerebrum or the conducting power of the spinal cord.

When examining for the patellar tendon reflex we should see that the quadriceps extensor and its tendon is normal in condition and relation. Under these circumstances this reflex can be elicited in most normal individuals provided proper care is taken and the patient put in the right position. The legs are crossed so that the knee of one extremity is well into the popliteal space of the other, the leg hanging pendent and the quadriceps femoris just on the stretch. Now strike a quick sharp blow with a pencil or a light rule or the edge of the hand on the patellar tendon about half way between the patella and the tuberosity of the tibia, and the foot will move from one to three inches forward and then fall back to its former dependent position. Another way is to have the patient sit on a table the knees projecting a few inches and the legs hanging; strike the tendon as before. The

patient may sit in a chair the feet resting on the floor; put the hand on the quadriceps extensor muscle, and strike the tendon, when the hand will feel the contraction. Jendiasick found that when the patient made muscular extension while the tendon was struck that the reflex was increased and that after failing to get the knee jerk in the ordinary way, it could be elicited by this procedure. It is probable that the mind being occupied to some extent, making the voluntary exertion, the inhibiting influence of the cerebrum is diminished, thus leaving the limb more completely under the influence of the spinal cord. Of course it can fairly be questioned whether these movements are reflex at all, but there is no doubt that they are meant when speaking of the reflexes in disease.

Concluded in next issue.

Surgical Disease of Women.

*Read before the Kansas State Medical Society,
at Salina, Kansas, May 14, 1890.*

BY DR. S. MURDOCK, ONEIDA, KAS.

Few branches in modern science have received the attention or made the advances that have been made in that branch of medical literature known under the title of surgical disease of women. But a few years ago, that class of patients who constitute the largest class of our practice, bore their troubles patiently or hysterically as the case might be, received the doctors routine prescription "for female weakness," without an effort on his part or a question on their part as the real nature of the trouble. But the time is fast approaching, if not already here, when this class of patients will not be put off without knowing the real nature of their difficulties, and when once in possession of these facts they will demand a rational treatment and the old fogies who have treated hysteria as a disease per se will be dropped into the waste basket. When Dr. Bennett published his remarkable book in 1845, he aroused the profession on this subject, and set public thoughts in motion. Sim soon followed with the invention of the speculum, bearing his name, and

for the first time in the history of medicine gave the doctor a means of surgical treatment of the uterus, and afforded him a means of accurate study and diagnosis.

Dr. James Henry Bennett's notable work had reached its fourth edition in 1853 and the clear analysis of his cases almost revolutionized medical thought in this department. Here for the first time was the fact *emphasized* that *leucorrhœa* was not a disease—per se but was only the result of a disease, and the only rational way to treat it was to remove the cause.

Unfortunately this "grand old man" failed to complete the thought which he had so clearly and forcibly enunciated. He was so completely misled by the terms "ulcer," and "ulceration" that he failed to recognize that he too, was laboring under the same delusion that had clouded the minds of the profession so many years under the title *leucorrhœa*, and now although seeing and demonstrating another condition, he was as before treating the result of disease or injury, instead of the injury itself. But the truth was not entirely concealed from him, for he says in his fourth edition, speaking of undue dilatation, or relaxation of the os uteri. "Sometimes the cervix is not so much dilated, bursts open and then the laceration can be traced with the fingers." And further he says with some emphasis, "often from the operation of causes (after labor) which it is impossible to appreciate, the lesions whether slight or severe, do not heal, and thus a confirmed inflammatory ulceration of the cervix uteri becomes established." And yet it never occurred to him that the proper way to prevent or else cure this lesion and thus put an end to the confirmed inflammatory ulceration "would be to remove the original cause, repair the laceration, and let the woman get well. After the publication of Dr. Bennett's work the profession was given over, body and soul to ulceration until Graily Heuits work came out on displacements and flexions, and thus the profession viewed the uterus like the five blind men in Hindoostan viewed the elephant. Members of the profession have often marked the injury to the cervix in the lying-in woman and some have recognized it at the instant of its

occurrence as the foetal head pass through the partially dilated and ruptured os into the pelvic brim. This injury was noted particularly by Prof. E. P. Murdock of Chicago, and Dr. Pallen of New York, each of whom operated immediately for a repair of the injury; with decided success. But it is due to the efforts of Dr. Emmett of New York, that the profession was made acquainted with the nature of old lacerations, and the mode of procedure for their relief. It seldom falls to the lot of one man to determine the exact nature and cause of any one disease, and at the same time devise means for its complete relief. After years of toil and anxiety and uncertainty, we have at last arrived at a mode of procedure which assures us that in a large proportion of cases known to the laity under the name and title of "female weakness," we can give a woman treatment without absolute assurance of ultimate cure, where in the past there was no assurance of any relief whatever. In looking over the field and scope of this operation, several questions present themselves, of interest:

First—What are the indications for the operation? To answer this we but repeat the experience of every observing physician of large practice, when we say that a large percentage of women who consult the doctor complain of leucorrhœa. Now leucorrhœa is not a disease, not a pathological condition; it is a result of disease or pathological state, a symptom, the cause must be sought out; let inquiry be made and in about twenty per cent of the cases this condition of affairs will be found, a history of severe labor, and slow "getting up," uterus large, heavy and perhaps somewhat displaced, but not always. Os instead of round or oval is a deep fish mouth slit, with edges everted, lining membrane of the cervix exposed, red, eroded and bleeding to touch *sq called ulceration*, menstruation profuse, irregular as to time perhaps, but as to quantity certain, pain in the back, sensation of dragging, langor, weakness of the limbs, headache across the top of the head, &c., &c.

A story we all have heard a hundred times, patient has been treated for ulceration for months or even years with temporary relief, only to see all her troubles return when treatment ceases. Why? The cause is not removed.

Second—What's the cause of this state of affairs? Then the remedy is suggestive, we answer, at confinement a rigid unyielding os, labor severe or rapid, perhaps hastened by impatient accoucheur, tissue ruptured, cervix lacerated, and then you have a severe incised or contused wound, nature attempts to repair, and what follows: The uterus is large, heavy, hypertrophied and physiologically demands involution, the wound demands repair. Now we have two antagonistic processes going on in the same organ at the sametime. Physiological fatty degeneration, or the process of *involution* to reduce the organ to its normal size, and constructive hyperplasia to repair the injury. As a consequence neither succeed, the wound is not healed, the uterus is not brought down to its normal size and we have lacerated cervix and sub-involution; and all the stimulants and caustics, and styptics, and astringents that can be applied for years will not cure the patient.

They *must* have repair and stimulate the organ to secondary involution.

Third—What are the results of the operation? In all operations of this character it is only after years of careful observation that the results can be fairly judged. But these facts can be definitely summarized, sixty per cent. of the cases are entirely relieved of the painful symptoms due to the lacerations, that is they are cured, no other method cures any of them. Thirty per cent. are materially relieved, and about five per cent. benefitted, less than five reap no benefit from the operation, this fact is due to two or three causes.

First—Failure of the operation.

Second—Other complications, as after care, &c.

Third—Long existing injury so that the impression upon the sympathetic nervous system leaves the patient in such a condition that only constitutional treatment can benefit her.

I know of no other operation in the entire catalogue of surgery with less than five per cent. of failures, ninety-five per cent. of complete or partial cures. In the cases reported by Emmett and Munde of New York, Goodell and Parvin of Philadelphia, Nelson, Jackson and Murdock of Chicago, where the cases have been watched through a period of ten years

or more after operating, they all agree that the symptoms do not return; that the operation does not interfere with subsequent pregnancies, and that subsequent lacerations are no more likely to occur than if there had been no laceration before. Therefore we must agree that this operation promises more with less failure and less danger to the patient than any other in the domain of plastic surgery; less after care is required than any other operation I know of. I have in mind two patients that had been under treatment for nearly two years, for nervous prostration without benefit. I mention these on account of the lacerations being so slight. I operated on my chair in the office by use of cocaine; both were restored to health and gained in flesh.

Lastly, all operations to repair injury should be performed at the earliest possible moment to secure union by first intention to prevent deformity and to prevent sepsis. It saves the patient the incalculable annoyance of preparatory treatment, with its physical burdens. It gives the patient the best possible chance to escape septicæmia, subinvolution and all complications following lacerations. Allow me to call your attention to a class of patients, that will tell you "they passed the change in life two, three or more years ago, and recently the menses have come back and getting more frequent. At first there was a slight flow and about three months after another and more of it, and now I don't go over two or three weeks, and sometimes almost continuous." In any like history as the above I always suspect cancer and happy if I only find polypus. I present here a uterus I removed March 27, 1890, assisted by Drs. Hays and Lesh, of Seneca and West of Oneida. Lady, Mrs. V., aged 61. Came to my office two years ago with the above history; I found cervix had slight laceration and tissue beginning to break down at and around laceration, cervix very hard and would bleed easily to touch. I informed her that the history of her case and appearance indicated cancer, and advised surgical interference at once; her health otherwise being good and natural dread of an operation, she put off having anything done until the flow became almost constant, and fully persuaded in her own mind something had to be done. Two years

of valuable time had been lost, the above named doctors were called in and agreed upon the case. I allowed the patient to go about her business as though no operation was intended until three days before. I took off all vegetables or any food calculated to accumulate gases, but ordered to keep up strong diet, and the afternoon before the operation gave Seidlitz powder to move the bowels freely, and next morning washed out the bowels or rectum by injection of warm water and glycerine, and no breakfast. At 10 o'clock our druggist, McHamlin, gave ether, which patient took kindly. Patient was placed upon the table on her back, knees drawn up, retractor was used, cervix was seized with volsellum forceps and drawn down, the adhesion next to the bladder being very strong, and cervix being eaten off to vaginal junction on one side; three retractors were brought into use, one on each side and one below; a half circle incision was made from left to right anteriorly at vaginal junction and then posteriorly the same, the finger was then inserted into the incision between the body of the uterus and perinæum, adhesions broken up with the finger; this allowed the uterus to slip down so the arteries on either side could be tied with ease, and cut next to the uterus, then drawn down easily so that the uterine horns could be tied and cut. I left the tie of each horn long as this, released the uterus entire so I could tie each of these ligatures together and form a base for the bowels, this whole operation only required twenty-three minutes, and not over two tablespoonsful of blood were lost, and would have been done in less time had it not been for extra adhesions next to the bladder requiring careful work to not cut into the bladder. Patient recovered without a bad symptom and in less than four weeks returned to her home ready for business.

THE German joke is calculated to give one pain in the stomach. The *Fliegende Blätter* says a physician is noted for his generosity because he attends people without asking a fee; he settles with the heirs. The key to the combination will be over by the next steamer.—*Times and Register*.

"Suppurative Hepatitis," With Report of Cases.

Read before the State Medical Society at Salina, Kansas, May 14, 1890.

A. B. PETERS, M. D., MANKATO, KANSAS.

Three cases of abscess of the liver which have occurred in my practice in the last seven years, viz:

I. A married woman, aged 32 years, mother of five children, youngest two months old previous health good—natural labor with all of her confinements, a hard worker, and a woman of splendid form, came under my care February 9, 1885, second month after confinement, complained of sick stomach and a drowsy feeling, loss of energy, &c. The following observations were noted: Tongue coated, vomiting occasionally, skin clear, bowels costive, temperature 99° , pulse 80, urine normal, appetite poor, no pain or tenderness in any region, vomiting and drowsiness, were all complained of by patient; was up most of the time. Mild purgatives followed with quinine seemed to relieve her condition and restore vigor. A week later was again called, found much the same condition, except vomiting, which had not returned, tongue still coated, constipation, and fever slightly higher.

A more careful examination revealed slight tenderness over the stomach and abdomen. Nothing marked in region of liver, no perceptible enlargement or pain on pressure. The drowsiness continued, complained of being neither sick nor well, still up most of the time. Third week passed without any particular changes. Fourth week temperature reached $101\frac{1}{2}^{\circ}$, tongue and mouth dry, sordes, slight irritation of the stomach, bowels still constipated, drowsiness, slight chill every morning, followed with moderate sweating, some tenderness in region of stomach and bowels, no enlargement or tenderness in region of liver. Fifth week, severe chills, temperature 103° , pulse 100, bronchial and crepitant rales over each lung, heard more distinct over right, dysphonia, cough, breathing 30 per minute, slight enlargement of right side of chest, no tenderness or pain, percussion revealed nothing

in region of liver—symptoms grew more alarming, pyrexia more irregular and severe until death which occurred the first of the sixth week.

Autopsy eight hours after death, no marked emaciation, body still retained the almost perfect form. Large single abscess in right lobe of liver pressing against diaphragm crowding and displacing right lung, no adhesions, wall of abscess tough, and contained about thirty ounces of pus and necrotic liver shreds, spleen slightly enlarged, gall bladder normal, lungs congested and cedematous, the right worse than the left, other organs healthy in appearance.

II. Mr. B., age 44 years, merchant, was taken sick with what he supposed to have been an attack of cholera morbus, while away from home, which was of short duration. On returning home he first consulted me, October 19, 1886; complained of his stomach and right side in region of liver. No appetite, tongue lightly coated, no fever, pulse 80, bowels constipated, slight tenderness over region of stomach and liver, complained of burning in and pain under left shoulder blade, had slight attack of nausea.

He made regular visits to me during the months of November, December and January, without any marked changes for better or for worse.

On February 9, was called to see him, found him in bed; had spent a bad night, temperature 101° , pulse 82, skin moist, no jaundice, stomach irritable, occasional vomiting, marked tenderness over region of liver, and very perceptible enlargement, bowels constipated.

Prescribed a mild cathartic and application of vesicant, over seat of pain and tenderness. The next day he appeared much relieved, was able to be up and about the house; repeated the blister in a week, in fact, made three applications, following each other with five or six days interval, administering such internal medication as I thought would relieve the stomach and bowels, and stimulate digestion.

March 20, 1887. Found swelling increased, skin red and tender, apparent fluctuation in swelling; made a free incision through skin at most dependent point, found adhesion to internal stricture, deepened the incision sufficient to reach abscess, which admitted of a

free discharge of pus, containing liver shreds much the same in appearance as in case first; quantity did not measure probably more than fifteen or twenty ounces, washed out the cavity with a weak solution of corrosive sublimate, dressed the wound with absorbent cotton, repeated the washings next day and day following, the fourth day patient was up, made a quick recovery and to-day is engaged in his daily duties and in ordinary good health. At no time during the process of suppuration did the temperature pass 102° .

III. Mrs. H., age 62, mother of three or four children, a hard worker all her life and a woman of stout build and previous good health. I was called to see her on the 8th of November, 1887, found her able to be up part of the time, following with a severe pain in right side in region of liver which she described as being deep and cutting, had slept none the night previous to my visit, very little the night following, temperature 102° , pulse 90, vomiting, bowels regular, no jaundice, stomach slightly tender, liver enlarged and tender. I could elicit no previous bowel or other trouble; no malarial condition, had had no trouble during her several confinements, no diarrhoea.

I prescribed cathartic, followed by a saline laxative, and placed a fly blister over point of tenderness, pain and swelling; left promising to call next day. Next day condition much the same, pain very severe, tenderness and swelling well marked, vesication effectual. Prescribed an opiate, quinine and absolute quiet; controlled vomiting as much as possible, which had by the fifth day almost subsided. The sixth day repeated the blister and followed much the same course of treatment until the 20th day of December, 1887, on which day I introduced the aspirator needle at the most prominent point which was about the center of the surface of the previous blister, which was on a line dropped from nipple about one and one-half inches below border of ribs; found pus, and the density of which made it difficult to extract.

Under the influence of cocaine made an incision of sufficient character to reveal the conditions of the parts, found the wall firmly adhered to the swollen liver. Deep-

ened the incision into the abscess, and evacuated a large quantity of pus, did not measure, but should estimate the quantity to have been twenty-five or thirty ounces. After having washed out the cavity, as in case second, introduced a pledget of cotton, dressed the wound and left the patient feeling comfortable. Second and third day following there was a slight discharge of pus on re-dressing. She made a quick recovery and is now in splendid health.

In these three cases we find a few points of difference which will be seen on comparison. First case: extreme drowsiness, no pain, no marked tenderness, and no noticeable swelling, sordes, chills, and sweating, the location of abscesses being completely under the ribs and free from any adhesions, its encroachment upon the lung.

The second case is marked by the length of time occupied from commencement to end, history of previous diarrhoea, and the ability of patient to be on his feet almost the full length of time.

The third case is characterized by the severity of pain, tenderness and swelling from the beginning, and rapidity of course—the lack of any previous history that might lead up to "Suppurative hepatitis."

All alike were accompanied by vomiting, freedom from jaundice, with loss of appetite.

These cases are to my mind clouded with obscurity as to attributable causes. The theory held by most writers is that of dysenteric origin, while it appears to be backed with sufficient data, yet there arises difficulties in attributing two of these cases to that cause.

Of 108 cases collected by C. Berensprung, 68 are attributed to traumatism and no definite cause for the remaining 40.

Thomas E. Satterthwaite presents a collection of thirty-three cases, the majority of which are attributed to dysentery; the next largest number to biliary trouble.

In Waring's 300 cases from India, only 31 per cent. were attributed to dysentery. Hence statistics so far as I have followed the matter fail to settle the question of cause.

In the three cases here reported, the first is clouded with a train of uncertain symptoms, which rendered the diagnosis uncertain, hence

the failure to evacuate the pus, which failure I have no doubt proved fatal. A definite and early diagnosis is, I think, the only means of safety, followed by a timely evacuation of the pus, which I think should be done by incision.

Glandular and Connective Tissue, Hypertrophies of the Lateral Walls of the Pharynx.

*Read before the Kansas State Medical Society,
at Salina, May 14, 1890.*

BY HAL FOSTER, M. D., KANSAS CITY, MO.

Mr. President, and Gentlemen of the Kansas Medical Association:

Pathological conditions of this portion of the upper respiratory tract, the lateral walls of the pharynx, have not attracted the attention they deserve, and the little that is to be said here in regard to such lesions is stated as much because of pathological interest as of its clinical importance.

Clinically, we are not in the habit of separating by any characteristic symptoms, inflammatory processes of the sides of the pharynx from coincident conditions occurring about the pillars of the palate and the tonsils. If it be an acute inflammation, the symptoms painful deglutition, heat and general discomfort about the back of the mouth, are satisfactorily accounted for by evidences of tonsillar or palatal inflammation, and the sides of the pharynx are not critically examined. If the process is a chronic one, the symptoms of a general naso-pharyngeal catarrh are explained by manifest pathological conditions in the nasal cavities and post-nasal space. Whatever abnormal conditions may be noticed upon the sides of the pharynx, they are not considered especially significant as forming any very considerable part of the pathology of upper respiratory catarrhal inflammation.

From a therapeutic standpoint we must recognize lesions that commonly appear on the lateral walls of the pharynx, for they demand correction at the hands of the operator during the treatment of a naso-pharyngeal catarrh, as much as pathological conditions higher up in the upper pharynx or nose. That this is true beyond all peradventure can be easily proved by the microscope.

In adults the faucial tonsils, on account of their exposed position and the consequent frequent inflammatory attacks to which they are subjected, take on hyperplastic changes and an abundant connective tissue strama is found here which does not show itself in the adenoid layer at the vault. It is of more than histological interest that these structures, the one in the upper the other in the lower pharynx, have been found to be alike, for not only is it conclusive proof of the intimate anatomical relation between the parts, but it is found that they are affected frequently at the same time by the same inflammatory process, thus demonstrating the close relation between glandular inflammations of the post-nasal pharynx and of the ora-pharynx. This is a very important point clinically, because it places diseases of the middle pharynx where they properly belong in the general class of catarrhal inflammations of the respiratory and not of the alimentary tract.

I have noticed several times a pathological condition which, I dare say, is familiar to you all, but one which I am surprised to find, is rarely described, and that is, complete tissue connection, by reason of hypertrophy, between the enlarged faucial and pharyngeal tonsils. The former have gradually extended upward and the latter downward from the vault until they have met.

I am not speaking now of those raised folds formed of combined connective tissue and glandular hypertrophy which are frequently to be seen running up and down parallel with the posterior pharyngeal pillar. I believe that the oral and the pharyngeal tonsils become continuous in this manner: first the faucial tonsil develops backward, and so grows into and passes behind the partition pillar. The simple follicular glands, of which anatomists tell us there is a linear grouping at this location, that is, on the side of the pharynx, have also undergone a hypertrophic change, and have pushed themselves upwards from the surface until they have met the faucial tonsil, and they together have formed a comb-like spur and excrescence and have extended upward at the same level as the tonsil, until, in one mass, they have disappeared behind the soft palate. Chronic follicular pharyngitis of

the lateral walls of the pharynx is the commencement of this pathological process, and that it may and sometimes does progress until this follicular and hyperplastic enlargement forms the connecting link between upper and lower tonsils.

This is the first form of the glandular hypertrophy which is referred to in the title of this paper. This process then seems to be nothing more than an unusual degree of that pathological condition which we usually find in children who are suffering from chronic catarrhal inflammation of the nose and pharynx, an excessive glandular development, and a hypertrophy of the mucous follicles of the side of the pharynx, together with faucial and pharyngeal tonsillar enlargement. I have not noticed this condition in very young children, but in young adults from twelve to eighteen years of age, and, I presume, for the reason that it requires this number of years for the lateral glandular tissue to reach this very unusual degree of hypertrophy. The entire line of glandular tissue, including the pharyngeal tonsils above and the faucial tonsils below, seems to be nourished by the same blood supply, for it has been my experience that, as soon as any portion of the chain was destroyed by knife or cautery, there was a strong tendency to atrophy on the part of the remaining glandular structure, and that, too, without surgical interference. I have seen the entire mass on the lateral walls of the pharynx disappear in a month after the tonsils above and below have been removed. This salpingo-pharyngeal fold commences at the posterior end of the cartilaginous orifice of the Eustachian tube and extends downwards parallel to the lateral wall of the naso-pharynx and the posterior pharyngeal pillar. When hypertrophied, it can be traced downwards as far as the attachment of the palato-pharyngeus muscle, or it becomes lost in normal mucous membrane at the level of the tip of the epiglottis. The pathological change indicative of localized inflammation of the lateral pharyngeal walls we have all seen, and are familiar with the symptomatology of this condition. There are two inflammatory processes which may occur here which perhaps it is best not to confound; the one is the acute

inflammation of the simple follicles of the pharyngeal wall, just behind the posterior pillar, occurring with or following disease of precisely the same nature—acute follicular tonsillitis, the characteristic white-mouthed follicles appearing primarily, sometimes on the tonsil and sometimes on the side of the pharynx. They also disappear together, and a narrow, superficial, red line of raised tissues running up the side of the pharynx, is all that remains to mark the location of frequent attacks of acute follicular inflammation. The second pathological process is a localized hyperplastic inflammation of the mucous and submucous structures at this point. They are frequently broad and thin, and at other times as thick as a lead pencil. Sometimes they are so large as to prevent the approximation of the soft palate with the posterior pharyngeal wall. These bands are easily overlooked, situated as they are behind the posterior pillars, and are only brought prominently into view by contraction of these pillars. The color of this fold is generally redder than that of the surrounding mucous membrane, but it may be normal; on the whole it presents an innocent appearance, and yet it is frequently the sole lesion to be found, which may account for a train of constant and disagreeable symptoms. It should be recognized and classified as an important pathological change in catarrhal pharyngitis. This disease, in my experience, is peculiar to a certain class of patients, thin, pale, nervous men and women, people who are always thinking and talking of their throats, who suffer from sore throats almost every day. This soreness, they explain, is a feeling of burning and rawness, rather than of pain. The discomfort is present in the morning, disappears after breakfast, and returns during the afternoon. Fatigue of the voice during speaking and singing is another prominent symptom. The sufferer is extremely apprehensive in regard to the condition of throat, and believes that he is the victim of cancer or consumption. Examination of pharynx and larynx showed but little. A pale mucous membrane, with but little submucous tissue, drawn tightly over the prominences of the cervical vertebra, a few enlarged follicles scattered over the pharyngeal walls,

and a number of prominent veins, are the changes which first meet the eye, but none of these adequately explain the severity of the patient's symptoms. During a paroxysm of gagging, however, the thickened lateral wall of the pharynx is brought prominently into view, and on touching it firmly with a probe, a sensitiveness is noticed which is not elicited by pressure on any other parts. A coughing paroxysm, spasm of the glottis and a husky voice are the temporary results produced by this stimulus. That this pharyngeal band is the pathological condition which produces the rawness, pain and fatigue of voice, it is fair to conclude, since these symptoms are usually relieved or disappear altogether, when this ridge is destroyed by caustics or the cautery. I believe that it is a mistake to consider the middle pharynx so much a part of the alimentary tract as only to be affected by and together with stomachic trouble.

The upper and middle pharynx are two portions of the same tract, attacked by the same inflammatory process by reason of the same causes, and they are not materially unlike by reason of any difference in anatomical structure or physiological function.

The American Academy of Medicine.

Read before the State Medical Society, at Salina, Kas., May 14, 1890.

BY W. D. BIDWELL, M. D., LEAVENWORTH, KAS.

In former generations those who cared for the welfare of the body as physicians were regarded as superior to their fellow men, as belonging to a different class of individuals and ranked second only to those who ministered to the soul with whom they, in fact, were often identical. Among the reasons for the high esteem in which they were held was this, that they had devoted many years to study and investigation, frequently, no doubt, spending their time in what we would now consider foolish necromancy, but at all events time and labor were sacrifices necessarily offered to their profession, and they who offered them deserved their reward.

In these latter days, however, the "trade"

tendency, as it is called by Dr. Leartus Connor, has in a measure deprived the profession of that prestige, that distinction, that something, call it what you will, which formerly entitled physicians to peculiar consideration from their fellow men. It is this trade tendency, this dollars and cents strife which is tending to lower the reputation of our profession. I do not say that the dollars are to be neglected, far from it, the laborer is worthy of his hire and seldom is he overpaid, but the man who enters the medical profession merely to make money, who has no love for the study of medicine, no desire to increase the sum total of human happiness and make the world better for his having lived in it, falls far below the standard of an ideal physician and seldom rises to a high position among his fellows. Fortunately, however, public sentiment at the present day is too evenly balanced to swing very far to one side or the other, and as it became evident that this degenerating tendency was spreading, an organization, destined to become powerful, and counteracting the evil effects of ignorance, to raise the medical profession as a whole to a higher level than it had ever attained. Such an organization, I say, sprang into existence under the name of the "American Academy of Medicine." The objects of this association are best expressed in their circular from which the following is quoted:

"It is most earnestly to be desired that every physician who is qualified will identify himself with this association and do all in his power to accomplish the desired results. The point is frequently urged that there is need of the half educated physicians in rural districts, which otherwise are dependent upon more or less distant towns and cities. Human life is equally valuable in the country and in the city and those to whom it is entrusted should be educated broadly to appreciate its value. Cheap doctors, men who know nothing more about medicine or anything else than how to dispense quinine and whisky, calomel and aconite are of doubtful value in any locality. Medical schools or diploma mills which are willing and anxious to receive half educated students, hurry them through one or two courses of lectures and then turn them loose

on the community to care for its vital interests are prejudicial to the welfare of the medical profession and of humanity at large. To do away with such institutions, or better still to raise them to the rank of good schools is one of the important objects of the academy. The good work has been inaugurated, it is progressing, it already numbers among its supporters scores of the ablest physicians of our country and through Dr. R. J. Dunglison of Philadelphia, Secretary of the academy, is soliciting applications for membership. The next annual meeting will be held in New York, September 19, and the West should contribute of her ability to carry on the reform. The fact that comparatively few literary or scientific degrees are held in the West imposes all the greater obligation on those who have these advantages, and those who have not such degrees will find a great and increasing satisfaction in pursuing such liberal studies as will furnish an equivalent standing although the acquisition of such knowledge becomes more and more difficult the longer it has been postponed. In the words of Solomon it is said: "Wisdom is the principle thing, therefore get wisdom; and with all thy getting get understanding. Exalt her, and she shall promote thee."

No better advice can be given at the present day to any individual or profession, more particularly to the profession of which we are members, and those preparing to enter it. Highest requirements in those who are to study and practice medicine to the end that the profession may take its place as an organization of broad minded, educated men competent to care for the highest interests of the race, this is the watch-word and object of the American Academy of Medicine.

DISCUSSION.

Dr. Minney opened the discussion. He believed the medical profession is overcrowded, and yet he believes in the survival of the fittest. We are too desirous to have medical students in our office, without first considering and impressing on the mind of the student the importance of a thorough preliminary education. It would be well to require the prospective student to pass an examination. Then we will certainly have physicians who would

be a credit to the profession. We will be guilty of a crime if we encourage students to study medicine who have no preliminary education. He spoke unfavorably of the law now pending in the New York legislature regarding preliminary education as inaugurated by Dr. Austin Flint.

Dr. Curtis of Lindsborg, said he thought Dr. Minney did not understand the motives of Dr. Flint in his reference to the gentleman. New York should not require more stringent rules than other States, and this is the intention of the law as promulgated by Dr. Flint.

Dr. W. A. Phillips said the remark made by Dr. Bidwell in his paper led him to say that the law governing the Academy of medicine could be so changed as to do more good by banding together those whose views are similar even though themselves are not highly educated. Believed Dr. Minney has expressed a great truth in his reference to medical students. History repeats itself, and often we have some of the most eminent men from the ranks of the self-made men; thinks however that a classical education would help the self-made man. It is moral support behind the student which makes medical men. Only two medical colleges are abiding by the agreement made some years since in which twenty-one colleges entered. The University of Michigan now has four years of nine months and they are thinking of a still higher requirement.

Dr. Bidwell in closing the discussion, thought it would be well if the Academy of Medicine would more closely confine their usefulness to a law which would permit a more medium standard of education.

Dr. Phillips asked Dr. Bidwell what the requirements of the American Academy were: Dr. Bidwell did not know, the Board of Censors had charge of the applicants.

"A SECOND SARAH."—A woman living in the mountains near Fort Smith, Ark., named Sarah Gates, aged seventy-one years, proved herself almost a second Sarah by giving birth to a well formed and healthy male child. Two years ago, Mrs. Gates, then a widow, married William Gates, a young hired hand on her farm. The case is exciting a good deal of interest among physicians.—*Medical World*.

Acute Obstruction of the Bowels.

REPORT OF A CASE TREATED BY HYPODERMIC
INJECTIONS OF MORPHINE.

Read before the Central Branch Medical Association at Greenleaf, Ks., June 5, 1890.

BY M. A. BRAWLEY, M. D., OF FRANKFORT, KS.

On the 19th day of August, 1889, I was called in consultation to see Robert T—, age 13, who was suffering with a very severe pain in the bowels. On examination I found the following condition: Three days previous the patient had been suddenly seized with an intense pain in the right iliac region, accompanied with a strong but ineffectual desire for a movement of the bowels. Constant nausea and vomiting, intense thirst, dry, parched tongue, fever at 103° , pulse 120 and weak, retention of urine and tympanites. The patient was lying on his right side with his legs drawn up, and suffered great pain from the lightest abdominal manipulation. On inquiry I learned the following facts: A few months previous the patient had been thrown from a horse and made complaint then of a pain in his bowels for a few days. At the commencement of the present sickness the attending physician had resorted to the free use of cathartics without obtaining any movement of the bowels, and for twenty-four hours preceding my seeing the case, had been using large rectal injections of water every two hours with no effect.

Such, gentlemen, was the condition of the case when I first saw it, and I will say here that I have never yet seen a face whose every line and feature expressed more agony and suffering than that boy's.

My diagnosis was acute obstruction of the bowels, and for the satisfaction of the family as well as to furnish myself with an answer to the ever inquisitive friends, I said the trouble was doubtless induced by the boy's fall from the horse.

Now as to the treatment: A three grain antifebrin powder was given every four or five hours, if fever exceeded $102\frac{1}{2}^{\circ}$. To allay thirst he was given cracked ice. He took no nourishment for the first three days, after

which he could retain a teaspoonful of beef tea occasionally. We abandoned all other medicines and commenced the hypodermic injections of sulph. morphia, which was given as follows:

August 19, 3:40 a. m., $\frac{1}{8}$ gr.; 7:30 a. m., $\frac{1}{8}$ gr.; 1:00 p. m., $\frac{1}{8}$ gr.; 4:15 p. m., $\frac{1}{8}$ gr.; 7:30 p. m., $\frac{1}{8}$ gr.; 9:55 p. m., $\frac{1}{8}$ gr.

August 20, 12:45 a. m., $\frac{1}{8}$ gr.; 3:15 a. m., $\frac{1}{8}$ gr.; 6:10 a. m., $\frac{1}{8}$ gr.; 9:15 a. m., $\frac{1}{8}$ gr.; 12:10 p. m., $\frac{1}{8}$ gr.; 3 p. m., $\frac{1}{8}$ gr.; 6:20 p. m., $\frac{1}{8}$ gr.; 9:20 p. m., $\frac{1}{8}$ gr.

August 21, 12:05 a. m., $\frac{1}{8}$ gr.; 3:20 a. m., $\frac{1}{8}$ gr.; 10:35 a. m., $\frac{1}{8}$ gr.; 3:05 p. m., $\frac{1}{8}$ gr.; 6:25 p. m., $\frac{1}{8}$ gr.; 9:05 p. m., $\frac{1}{8}$ gr.; 11 p. m., $\frac{1}{8}$ gr.

August 25, 1:05 a. m., $\frac{1}{8}$ gr.; 3:20 a. m., $\frac{1}{8}$ gr.; 6:10 a. m., $\frac{1}{8}$ gr.; 9:15 a. m., $\frac{1}{8}$ gr.; 1:25 p. m., $\frac{1}{8}$ gr.; 4 p. m., $\frac{1}{8}$ gr.; 7:35 p. m., $\frac{1}{8}$ gr.; 10:50 p. m., $\frac{1}{4}$ gr.

August 23, 1:45 a. m., $\frac{1}{8}$ gr.; 4:23 a. m., $\frac{1}{4}$ gr.; 10:15 a. m., $\frac{1}{8}$ gr.; 1:15 p. m., $\frac{1}{8}$ gr.; 5:25 p. m., $\frac{1}{8}$ gr.; 10:00 p. m., $\frac{1}{4}$ gr.

August 24, 3:15 a. m., $\frac{1}{8}$ gr.; 8:45 a. m., $\frac{1}{8}$ gr.; 12:15 p. m., $\frac{1}{8}$ gr.; 4:45 p. m., $\frac{1}{8}$ gr.; 7:30 p. m., $\frac{1}{8}$ gr.; 11:20 p. m., $\frac{1}{8}$ gr.

August 25, 10:10 a. m., $\frac{1}{4}$ gr.; 1:00 p. m., $\frac{1}{8}$ gr.; 4:50 p. m., $\frac{1}{8}$ gr.; 8:20 p. m., $\frac{1}{8}$ gr.

August 26, 1:00 a. m., $\frac{1}{8}$ gr.; 10:20 a. m., $\frac{1}{8}$ gr.; 3:00 p. m., $\frac{1}{8}$ gr.; 9:40 p. m., $\frac{1}{8}$ gr.

The bowels moved at 11 o'clock p. m. on August 26, without much pain, following an injection of a pint of sweet oil. The patient made steady improvement till August 31, when he got up and ate some fruit which had been carelessly left in the room. This indulgence was followed by a renewal of the abdominal pain, at the first return of which the hypodermic injections were commenced again, being given as follows:

August 31, 6:30 p. m., $\frac{1}{8}$ gr.; 8:00 p. m., $\frac{1}{8}$ gr.; 10:20 p. m., $\frac{1}{4}$ gr.

September 1, 3:05 a. m., $\frac{1}{4}$ gr.; 8:30 a. m., $\frac{1}{4}$ gr.; 4:00 p. m., $\frac{1}{4}$ gr.; 6:05 p. m., $\frac{1}{4}$ gr.

September 5, 1:15 a. m., $\frac{1}{8}$ gr.; 5:12 a. m., $\frac{1}{8}$ gr.; 1:45 p. m., $\frac{1}{8}$ gr.; 5:20 p. m., $\frac{1}{8}$ gr.; 9:10 p. m., $\frac{1}{8}$ gr.

September 3, 12:35 a. m., $\frac{1}{8}$ gr.; 6:00 a. m., $\frac{1}{8}$ gr.; 1:40 p. m., $\frac{1}{8}$ gr.; 5:25 p. m., $\frac{1}{8}$ gr.; 8:30 p. m., $\frac{1}{8}$ gr.; 10:15 p. m., $\frac{1}{4}$ gr.

September 4, 1:40 a. m., $\frac{1}{4}$ gr.; 5:00 a. m., $\frac{1}{8}$ gr.

Shortly after the last injection the bowels moved of their own accord.

A tedious convalescence of some six weeks terminated in a full return to health.

Most of the time when the patient was under the influence of morphine sufficient to relieve the pain, his respirations were down to between eight and twelve, and his pulse between forty and fifty.

I gave an occasional injection of $\frac{1}{120}$ of a grain of atropia.

I make this report not for the novelty of the case, but simply because I was fortunate enough to have efficient nurses in attendance who followed instructions exactly, and whose record of the case was perfect, thereby making this valuable for any one who may have a like case in the future, and who may have any doubt as to dose and frequency of the use of hypodermic injections of morphine.

A Case of Trephining for Epilepsy and Imbecility.

Read before the Eastern Kansas District Medical Society at Leavenworth, Kansas., July 8, 1890.

BY J. C. M'CLINTOCK, PROFESSOR OF SURGERY
AND CLINICAL SURGERY IN THE KANSAS
MEDICAL COLLEGE.

The patient, Anna Richey, nine years of age, has a history as follows:

When two years of age, she was playing on the portico of the State Capitol building in Topeka, from which she fell to a wooden sidewalk below, a distance of eighteen feet, striking on the right side of the head, causing an extensive fracture with depression of the skull.

Several physicians, members of the legislature then in session, were summoned, and later the physician in charge objected to the advice of the other physicians, which was that the depressed skull should be raised. His objections were first based on the ground that death was inevitable, after such a severe fracture as existed in this case, and that, therefore, it would be worse than useless to attempt any such procedure. Later, he ob-

jected to the operation on the ground that the child had recovered and would never have epilepsy, or other manifestation of the cerebral injury. Such manifestations, however, did appear, and she has needed the constant care of her mother, while her mind has not developed to any extent.

The parents now applied to me for treatment, owing to the fact that she was becoming, each year, more and more vicious in her habits. She had a few severe epileptic seizures, and many times each day, attacks of petit mal.

A paralysis of the muscles of the opposite or left side followed the injury, and on examination a depression was found over the right side of the skull, beginning on the anterior border of the parietal bone above the temporal ridge, and extending backward and downward in a curved direction, to the posterior inferior angle of the same bone. The deepest part of the depression was found just below the parietal eminence.

I called in consultation Prof. W. S. Lindsay, who made a careful and systematic examination, and he has furnished the following report:

"In consultation with Dr. McClintock on March 22, 1890, I saw Anna Richey, aged nine years, who had the following history: Seven years prior she had sustained a fracture of the skull by falling about eighteen feet, lighting on a board walk, from the effects of which she was comatose several hours, but from which she recovered with nervous disturbances.

"I learned that she had had several epileptic attacks during the seven years, and had become destructive and difficult to manage. Her manner was that of a child of three or four years of age.

"She had learned some things from books, but was not able to study or engage in a coherent conversation. There was paralysis of the left side of the body, and inability to walk steadily.

"I recommended trephining of the skull, which was done two days later by Dr. McClintock.

"When we take into account that epilepsy was increasing, and likely to result in impairment of the mind, thus rendering the girl a

great charge on her parents, the operation was warranted, even though she may not regain perfect use of her limbs and complete restoration to mental vigor.

"It will, of course, be necessary for her mental powers to develop, since at this early age she knew but little.

"I understand from the family that she is very much improved in every way since her recovery from the operation."

I advised the operation of trephining for the removal of the depressed portion of the bone, and obtained the consent of the parents to such a procedure. As the child became worse all the time, they were anxious to try anything that offered any prospect of relief.

Accordingly the child was placed in Christ's Hospital, the head shaved, well washed, and a compress, wet in a 1 to 2000 solution of bichloride of mercury, was applied for twenty-four hours previous to the operation.

With the assistance of Drs. W. S. Lindsav, M. B. Ward, J. W. Donaldson and R. S. Magee, the operation was performed by raising a curved flap and exposing all of the depressed part of the bone. At the place of the deepest depression there was an absence of bone. This part was bridged across by a tough, fibrous membrane which, on being opened, gave exit to quite a large quantity of cerebral fluid. The trephine was then applied, and two buttons of bone removed. Their under surfaces were very rough and uneven, and at the side of the deepest depression a piece of bone, with a long, needle-like process was found imbedded in the brain substance to a depth of at least half an inch. This had evidently been a large piece of bone which had partly disappeared by absorption, until only this much was left.

The remainder of the depressed or roughened and splintered bone was removed by the Rongeur forceps. A branch of the middle meningeal artery was cut during the operation, and gave rise to troublesome hemorrhage. Several unsuccessful attempts were made to tie it, but each time the vessel was cut into by the least force in applying the ligature. It was finally clamped, and the clamp left in situ, alongside of which was placed a drainage tube. An antiseptic dressing was applied after sutur-

ing the scalp, and the patient returned to her bed, where she was secured by having each extremity tied to the bed rail, and a nurse detailed to hold the head. This was necessary because the child was entirely uncontrollable, and she would undoubtedly have injured herself if left free, especially with the clamp in the wound.

The patient did well all day, but during the night an elevation of temperature occurred which rose to 105° Fahrenheit. In the morning the dressing was removed, the clamp and the drainage tube were taken from the wound, the wound washed out, and a dressing re-applied.

From this time on the temperature fell until the next day it reached 100° and after this became normal, and so remained until the healing was complete, which was within ten days. In another week the patient was taken to her home in an adjoining county.

Union by first intention occurred at all points, except that point which gave exit to the tube and clamp. While open, the wound gave exit to quite a large amount of cerebral fluid, requiring an abundant quantity of absorbant cotton in the dressing, and this was changed every twenty-four hours, of necessity.

The patient was liberated as soon as the clamp was removed, took nourishment, became more tractable, and in less than two weeks from the time of the operation an improvement was noticed in the paralyzed muscles, as well as in the mental condition of the child, which improvement the parents and friends have informed me has continued to the present time.

This case should, undoubtedly, have been operated upon at the time of the injury or soon after. It was wise, probably, to wait until the recovery from the injury was assured, before attempting elevation of the depressed portion of the skull, rather than to add the effects of the operation to the existing shock. An early operation would probably have avoided the cerebral and other manifestations of the injury presented in the history of the case. Any functional derangements would easily have been corrected at an early day, whereas, if allowed to continue, the abnormal cell action becomes almost a normal action in

that case, and its correction problematical in the future. Cells respond to a certain stimulus, and to that stimulus a second time more readily than the first, and after a time the habitual repetition of the same process renders the action very easy, and whether that action be a normal or an abnormal one, the habit is established, and as time goes on its change becomes more and more difficult. This is as true in the brain as in any other part of the body. Abnormal operations of the mind are difficult to change in a case such as we have reported to-day, where the trouble has continued so long, hence the prospect for the ultimate recovery of this case is not so bright as if the operation had been done soon after the injury. I say a recovery; this is not the proper term, for we cannot speak of the recovery and restoration of a mind which was in a degree lost in a babe of only two years of age. In reality, if this child is improved as a result of the operation, it will be by a process of education—a building up of a new mind, and, what is more difficult, the unlearning of all she has heretofore learned. This will be the most difficult part of her training, for the cells have formed the habit of acting in a certain manner; that manner cannot easily be changed.

It is too early now to report this case as one of cure, for although there have been no returns of the epileptic seizures, still we know that they frequently do not return for some time after many operations. The case will, however, be watched, and its future progress reported.

BIRCH BEER.—This pleasant and wholesome summer drink may be made by the following formula, from the *Pharm. Era*:

Birch Essence.....	1 ounce.
Wintergreen essence.....	$\frac{1}{2}$ ounce.
Sassafras essence.....	$\frac{1}{4}$ ounce.
Ground cinnamon.....	1 teacupful.
Hops.....	1 teaspoonful.
Water.....	q. s. to 1 gallon.

Steep ten hours; add sugar or molasses to taste, and one cup of baker's yeast. It is then ready for bottling. The essences are merely strong infusions.—*Times and Register*.

SOCIETY PROCEEDINGS.

Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in regular monthly session at Lincoln Post hall, Tuesday evening, August 5, president Dr. L. H. Munn in the chair.

There were present Drs. Hogeboom, Wall, Donaldson, Longshore, Righter, Cazier, W. E. McVey, McGuire, Magee, Gibson, Minney, Bradley, Peers, Alexander, Lindsay, Stewart, Chapman, Ward, Messrs. McClintock, Gilbert and Boettger, the latter from Wilwaukee, Wis.

Dr. C. H. Guibor was elected to membership.

Dr. D. F. Rodgers presented a case of aphasia in a little girl of seven years, who also had some mental peculiarities. The object in bringing the girl before the academy, aside from the interest in the case, was to determine whether she should be admitted to the deaf and dumb asylum, or the asylum for feeble minded children. A committee consisting of Drs. Lindsay, Peers and Alexander was appointed to examine the case and report. In addition to the examination by the committee, most of the physicians present examined the case. The conclusion reached was that the girl should be sent to the asylum for feeble minded, as she was too young for admission to the deaf and dumb asylum.

Dr. W. S. Lindsay read a paper on hypnotism, giving the different names under which it has been practiced, the early history and the present status of its uses. Thought it worthy of some thought and investigation, for the possible good that might be derived therefrom, but did not think it worthy of general practical application, and said it should be under the control of honest, conscientious physicians. Spoke of its dangers and the advantages taken of even what virtue there might be in it, by charlatans.

Dr. Longshore was inclined to the belief that there was a great deal of deception practiced in its use. Spoke of a lady who made a practice of attempting to relieve pain in labor, but when a hot cloth was placed to the patient's back the hypnotist lost her power.

Dr. Peers said it was a question who were able to produce hypnotism. Had seen nothing

of it except stage exhibitions. Judging from what he had read, it could be used in minor surgery. Every one has an individuality that makes them offer resistance. Was not able to say what harm it would do to the mind.

Dr. Magee does not think the hypnotist has any special gift, it lies in practice.

Dr. Minney witnessed the hypnotising of a Swede by Dr. Axtel at a meeting of the Southern Kansas medical society. After the Swede was hypnotized, the doctor pricked him with a scalpel without pain. The doctor had the patient perform other feats. which if no malingering on the part of the patient were remarkable. Is persuaded that concentration to exhaustion is necessary, and that is liable to produce serious trouble with the brain. Thinks hypnotism should be practiced only by the physician.

Dr. Ward.—It is a very dangerous proceeding. Every physician has more or less influence in that direction. Thinks every physician should have the fullest confidence of his patients, and whenever we do not have their confidence we cannot expect to do them much good, and it would be better to have some other physician treat them. Mechanical hypnotism is harmful.

Dr. Stewart said mesmeric experiments in France were suppressed years ago by the authorities on account of insanity, etc., following. Spoke of the ill results on the cases operated upon in Vassar. Charcot says very few persons can hypnotize and few can stand the effect. Charcot exhibited a person who had been operated upon frequently, and the result was imbecility.

Dr. Wall.—Persons with normal or even strong organizations can be hypnotized. Not necessary that they be of weak or over-susceptible. As a therapeutic measure we have other remedies more effective.

Dr. Stewart said there was danger to the operator as well as the patient. Related the case of a physician who died from the strain on the nervous system. Thought suspension from concentration not being the same as exhaustion or tiring out.

Dr. Lindsey spoke of the inhibitory influence on the rest of the brain. The effort not the same as exhaustion. Persons who hypno-

tize have no special magnetism. Thinks any one who studies and practices can do it. Strong persons are as susceptible as nervous ones. Insane persons can hardly be hypnotized. Hysterical persons susceptible.

Adjourned to meet the first Tuesday evening in September.

D. H. RODGERS, M. D.,
Secretary.

Labette County Medical Society.

The Labette County Medical Society held its first annual meeting at Parsons, Thursday, August 7, the physicians present being Drs. E. E. Leggett and Hill, of Oswego; F. J. Smith, of Dennis; L. L. Wheeler, of Montana; and Drs. Kleiser, Rockhold, Maser, Gabriel and Harvey, of Parsons. A larger gathering was expected, but sickness in their own families and other professional business kept away many who would otherwise have attended. A paper on the use of "Ichthyol" in skin diseases was read by Dr. E. E. Leggett, of Oswego, and referred by consent for publication. Dr. McEwen, of Mound Valley, who was to have read a paper on salol in the treatment of summer diseases of children, was prevented from attending on account of the serious sickness of one of his children, so his paper was laid over to the next meeting, when he and Dr. Harvey were appointed to prepare papers for that occasion. The question of how best to treat the summer diseases of infants and young children was fully discussed, each giving the treatment which in the past ten years has been found to give the best results.

The question for discussion at the next quarterly meeting in November will be, "How to best treat pneumonia."

The society now numbers sixteen members and has applied for a charter; a president, secretary and a board of nine directors having been elected. The president for the coming year is Dr. Harvey, of Parsons; the vice-president is Dr. J. B. Hill, of Oswego, and the secretary is Dr. E. E. Leggett, of the same city, and the board of directors are Drs. Kleiser and Harvey of Parsons, Geo. and E. E. Leggett of Oswego, G. D. Boon of Chetopa, W. W. McEwen of Mound Valley, L. L. Wheeler of Montana, C. W. Campbell and J. W. Henderson of Labette City.

The place of business will be Parsons, and the quarterly meetings will be held in accordance with the vote of its members. It is earnestly hoped that all responsible physicians of the county will join in this society.

DR. E. LEGGETT, Secretary.

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TOPEKA, KANSAS, SEPTEMBER, 1890.

The Metric System.

The American Association for the Advancement of Science, through their committee composed of Profs. Seaman and Warder of Washington and Dr. Hoffman of New York, have issued an address to physicians and professors of therapeutics, materia medica and pharmacy, in which most cogent reasons are given for abolishing the use of the old system of weights and measures, and they state what is undeniably true, that physicians and pharmacists are in this respect behind the various arts of engineering.

The metric weights and measures were legalized in this country by Congress in 1866, and are now in actual use by most students of natural history; by many civil and mining engineers, and especially by all scientists and chemists throughout the world, without regard to their mother tongue. It is nevertheless greatly to be regretted that a large majority of our physicians, pharmacists and druggists still continue to ignore their merits or discountenance their adoption.

The advantages of this system are too obvious and have been too often enlarged upon to require any argument here. It is an universal

system, is simple and tends to greater accuracy than the old system of empirical weights and measures. If it were universally adopted at once there would perhaps be a little confusion, but this would only be temporary and of slight consequence.

The change from the old system will be made sooner or later, and the sooner it is made right here in Kansas, the better it will be for all concerned.

The change would be much less than that of the change made by the German government in the system of currency, yet that change was accomplished without any great friction.

The new system was taught in the schools from 1870 to 1875, and then, January 1, the change was made throughout the country and the disturbance to business was very slight.

Why is the metric system not more used at present? Simply because of indolence and ignorance. Indolence in declining to familiarize ourselves with the system, and ignorance of its convenience and value.

The educated representatives of medicine and pharmacy in this country favor and would gladly adopt the metric system, but find their efforts in this direction constantly hampered and nullified by the opposition of a large number of both professions who, through conservatism or lack of education, fail to unite in any concerted effort for its more general adoption and use.

It is wholly unnecessary to defer the adoption of this much needed reform until the prejudices, fallacious arguments, or educational deficiencies manifested by a large contingent of pharmacists and physicians shall have been overcome. Such a period must necessarily be remote and indefinite. The proper method is for all our professional schools to insist upon the employment of this system alone. No competent professor of to-day is supposed to be ignorant of the metric system, and students brought up to employ it will prefer it to any other.

Again, the Pharmacopœia does not now recognize the Troy system, and if the doses were taught in metric terms only, the old system would die out with the passing off of the present generation of practitioners. No in-

convenience would be caused to any one; those who are too old to learn could go on using their present mode, and the new graduates would use that which they are taught.

As the metric system is legal throughout the United States, any physician is entitled to present a metric prescription to the druggist. All boards of examiners in medicine and pharmacy, whether State or collegiate, are justified by law to exact, and should demand from every candidate for graduation or for a license, a knowledge of the metric system.

The pharmacy laws ought to prescribe that all persons receiving a license to sell drugs and dispense medicines shall be required to provide themselves with a set of metric weights and measures.

These simple methods adopted at this time, when medical education in Kansas is in its infancy, will indicate our intention to be abreast of the times, and if we do not lead in reform, we will at least be found in the front ranks.

Chancre of the Ear.

In August, 1882, a gentleman came to consult me with his own diagnosis of "mumps." He had an enlargement of the left parotoid gland, resembling mumps. During the examination I found a sore upon the left auricle, which was covered with court plaster, which I removed. He, with a friend, spent three weeks together on a drunk in a neighboring city, and while they were drinking, embracing each other and telegraph poles, and smoking cigars, this patient received a burn upon his left auricle; a good Samaritan came along, (the patient never knew who he was) licked a piece of court plaster and placed it upon the burn. My diagnosis was at once, a chancre upon the ear, with bubo of the parotoid gland.

The patient could not believe such a diagnosis, or understand how an individual could contract such a disease unless his penis showed the first symptom of the disease. I was positive in my diagnosis, and instructed the patient to observe his skin from that time on. I have forgotten exactly, but I will say that in about three weeks from my first observation he returned with the syphilitic exanth-

mata, and still the patient refused to accept my diagnosis.

In October of the same year he visited my office, with the loss of hair, mustache, eyebrows, and his mouth was full of the secondary lesions of syphilis. He had come to a conclusion of his own when he discovered I was correct, and was ashamed to visit me again, but finally came and took my advice; became well apparently; moved to Kansas City where he now lives, and never has felt grateful enough to the doctor to settle his bill.

WM. H. RIGHTER.

The Kansas Medical College.

Some changes have been made in the faculty of this college during the past month. Dr. Geo. L. Beers has resigned as a member of the faculty and his chair, the Theory and Practice of Medicine, has been filled by Dr. S. G. Stewart. The chair of Physiology, held by Dr. Stewart, has been filled by Dr. C. C. Green, formerly professor of Dermatology. The chair of Dermatology has been added to the chair of Syphilography held by Dr. W. H. Righter. Microscopy has been added to the chair of Histology and Pathological Anatomy held by Dr. W. A. Williamson. In addition to the duties of demonstrator of anatomy, Dr. C. C. Bradley will lecture on Topographical Anatomy. Dr. R. S. Magee was elected lecturer on Ophthalmology and Otology.

WHILE cross-examining Dr. Warren, a New York counsel declared that doctors ought to be able to give an opinion of a disease without making mistakes.

"They make fewer mistakes than lawyers," responded the physician.

"That's not so," said the counselor; "but doctors' mistakes are buried six feet under ground, and lawyers' are not."

"No," replied Warren, "but they are sometimes hung as many feet above ground."—*Montreal Legal News*.

BROWN-SEQUARD REANIMATED.—This time by the use of rectal injections of testicular fluid, claiming equally as good results as by the sub-cutaneous injection.

LAMPHEAR, of Kansas City, in an article (*Medical Review*, July 12, 1890) favoring the cathartic treatment of peritonitis, says "that opium possesses, really, but little curative power over the inflammatory process; that it retains within the bowels irritating faecal matter that can but increase the trouble; that by completely checking peristaltic movements it leads to the formation of adhesions; that it stops excretion and so prohibits the elimination of the poisonous products of inflammation; and that by benumbing sensibility it gives the physician a feeling of (false) security, which is undesirable. Upon the contrary, the administration of the saline cathartic has the power of arresting the disease if given in the stage of invasion; here the peritoneum is simply congested, or just taking on an inflammatory action—the pain is not very severe, the abdomen is not greatly distended, the fever is not high; but the physician is called, recognizes the danger and immediately gives the saline. If it be the initial stage of a simple peritonitis; if it be the beginning of a puerperal peritonitis, or if it be the sthenic stage of a septic peritonitis, the indication for the cathartic is clear; in either instance the blood-vessels are turgid with blood—the circulation impeded; the taking away of a considerable amount of serum from the abdominal viscera must profoundly affect the peritoneal circulation and assist in restoring the normal state. Besides, the active peristaltic action prevents the formation of bands and adhesions if the inflammation goes on; and experience at the bedside demonstrates that as the inflamed surface is relieved from engorgement by the emptying of the intestinal vessels, the temperature and the pulse rapidly decline, while the pain disappears almost as speedily as under opium. If the disease has gone on to the second stage where the fever is high, the pain intense, the tympanites marked, and the pulse rapid and wiry, cathartics are not so strongly indicated, though small doses of sulphate of magnesia and tincture of belladonna may often be given with advantage; here the danger is collapse, and as vital force must be conserved, violent purgation is not justifiable and opium must be given—not to check peristalsis, nor to "put the bowels in splints," but to deaden the pain

in the many terminal nerves of the peritoneum, to sustain the heart and prevent shock. The bowel must be kept free from irritating faecal matter, by enemata if possible, by a good cathartic if necessary; tympanites must be controlled by turpentine, either internally or by stupes; and the strength must be maintained by milk, whisky, &c.

His conclusions are:

1. The saline treatment should be adopted early in simple, acute peritonitis.
2. Small doses of calomel may be given to mild purgation in cases seen after the disease is fully developed.
3. Cases which fail to be relieved by cathartic measures should receive early operative interference.
4. Whenever peritonitis has gone on to that stage where the formation of pus is known, or even suspected, to have taken place, abdominal section and drainage are imperatively indicated.
5. When the existence of tubercular peritonitis is diagnosticated, or strongly suspected, an exploratory incision is justifiable.
6. Opium is only indicated in the second stage of peritonitis, and then not because it "forms a splint" but because it relieves pain, sustains the heart and prevents shock—thus combatting the tendency to death."

Two Interesting New Drugs.

Among new drugs recently investigated are two of much promise, Cocillano and Naregama Alata.

The evidence thus far obtained from clinical experience would indicate that these remedies are likely to prove an important addition to the expectorants and respiratory stimulants now employed. In the spasmodic cough of acute bronchitis, in the hacking cough of phthisis, and wherever there is marked interference with the respiratory function through accumulation of secretion of the inflamed membranes, these remedies are likely to prove efficient.

Parke, Davis & Co., who have introduced these remedies, offer samples of them to physicians desiring to test them clinically, also reprints of articles concerning them, free of charge.

LITTLE THINGS.

THE *Indiana Medical Journal* bears acquaintance.

CHOLERA in the East is getting in its work fairly well.

PYOKTANIN, or the pus killer, shows symptoms of early decay.

THE Kansas Medical College has joined the American Medical College Association.

THE original package packers have packed their packages and pathetically petered out.

PURE beech-wood creosote is Dr. R. E. McVey's favorite therapeutic agent in phthisis,

HOT water is recommended for ivy poisoning. The intolerable itching is controlled immediately.

DR. HUTCHISON of Kansas City, has located at 1208 West Twelfth street. We wish him success.

CACTUS GRANDIFLORUS is recommended in heart disease where digitalis, convallaria and strophanthus fail.

ETHER and chloroform produce the same effects of drowsiness upon the irritability of sensitive plants as upon animals.

ANDUS says that "fifteen grains of resorcin, in a gill of water, given during an attack of asthma, is attended with prompt relief."

DR. WILLIAM BRODIE, of Detroit, and ex-president of the American Medical Association, died in that city July 30, 1890.

THE American people are anxious to develop the mental powers of their children at the expense of their physical organization.

DR. H. Z. HISSEM, of Ellsworth, called on us during the last week of July. The doctor attended the New York Polyclinic last winter.

DR. D. R. PELTON of this city is lying very low with pneumonia. We hope to see the doctor around soon and in his usual health.

FANCY DISEASES.—"Diseases is very various," says Mrs. Partington. "Now old Mrs. Hayze has got two buckles on her lungs, and Mary Simmes is dying of hermitage of the lungs. One person has tonsors of the throat and another finds himself in a jocular vein. New names and new nostrils everywhere!"

THE Medical College of Indiana is fixed. Dr. William Lomax, an aged and wealthy physician of Marion, Indiana, has given his estate, valued at \$100,000, to this college.

AMONG the JOURNAL callers last month were Dr. C. E. Nelson, of Kensington, Smith county, and Dr. E. R. Cheney, of Garfield, Kansas. They both subscribed for the JOURNAL.

DR. W. E. ASHBY, of Quenemo, Kansas, was a capital visitor during the month of August. The doctor was in consultation with some of the brethren on a case which simulated epilepsy.

"THE big headed man," says Lapthorn Smith, "and not the strong armed one, has the best chance for survival. Art steps in to save those big-headed children whom nature used to exterminate."

OFFICERS of the Northern Kansas Medical Association are: R. Hawkings, M. S., M. D., Marysville, President; Grant Cullimore, M.D., Atchison, Vice President; M. M. Wachter, M. D., Baileyville, Secretary.

THE new medical law of New York, which goes into effect September, 1890, provides that examinations of medical students will not be held unless candidates have first taken three annual courses of lectures.

DR. DAYWATT, of San Francisco, (Canada *Medical Record*,) ascribes failure of the creosote treatment of tuberculosis to the employment of impure creosote, as determined by direct personal investigation of the article used for the purposes of inhalation.

DR. J. D. VAN NUYS, Professor of Physical Diagnosis in the Wichita Medical College, in company with Dr. J. W. Donaldson of this city, honored us with a visit last month. The professor is on his way home from visiting in the East. He says the class prospect for the Wichita Medical College is encouraging. Quite a number of students have signified their intention of attending. Dr. Van Nuys and Dr. Donaldson formerly practiced in neighboring towns in Indiana, meeting frequently in consultation. It is pleasant to meet our old friends in this way and swap stories of our earlier professional experience.

DR. W. D. BIDWELL gave a very enjoyable private party at his office last evening to a party of gentlemen friends, in honor of the fifth anniversary of his settlement in the city. The occasion was also the doctor's birthday anniversary.—*Leavenworth Times*.

Whether it is the doctor's thirtieth or sixtieth birthday is not stated; but from our intimate acquaintance with him we would guess the former.—ED.

THE International Medical Congress is a thing of the past. About 5,000 physicians attended the meeting, five hundred from America. The next meeting will be held in Rome. We hoped Chicago, in 1893 would be selected. The scientific proceedings, it is claimed, were interesting and instructive, and that the American contributors were not behindhand. A little fun was sandwiched in amongst the labor, for it is said a constant succession of banquets, balls, receptions, &c., were given.

A KANSAS editor has recently been granted a pension of seventy-two dollars a month for indigestion.

He will soon recover from his indigestion, now that he has the means of buying something to digest.—*Times and Register*, (Phil.)

He has recovered, and is keeping the Pennsylvania man who *tried* to get a pension for straining his back—jumping the bounty.

IT WAS stated in the journals that sciatica grew out of a paresis of the ilium, and by the administration of croton oil the ilium became so stimulated that the sciatica was cured. The above is good treatment theoretically, but not practically. Where sciatica is due to constipation, unloading the bowel will cure the disease, but where due to some cause other than constipation it is a failure.

DRESS REGULATIONS.—In China these changes are settled by superior authority. In the Imperial *Gazette* of April 15, is the following notice:—Court circular.—The board of ceremonies requests that a day be fixed for the change from winter to summer heats. Rescript—Let it be on May 2.

THE VALE OF CASHMERE is not quite as nice in reality as it is in poetry. The people are filthy; parasitic skin diseases are common, as well as intestinal worms. The climate is

very hot in summer and very cold in winter. Malaria, rheumatism and pneumonia are common. Leprosy is rife; and the great scourge is syphilis.—*Times and Register*.

IN the treatment of the diarrhœas in infants, remember that creosote is a valuable remedy, also in the looseness of the bowels in typhoid fever.

DR. C. KLIPPEL, of Hutchinson, was a capital visitor August 4, on his return from Olathe where he had been summoned to see his sister who was thrown from a carriage and sustained a Potts' fracture and some other injuries. The doctor contemplates a Rocky Mountain tour in the latter part of this month.

HOW TO CURE INSOMNIA.—A very simple method of inducing sleep in cases of persistent insomnia, and one that has succeeded where many drugs have failed, is simply to administer a moderate amount of liquid food before the patient goes to bed. This diverts the blood from the brain to the abdominal organs, and takes away the cerebral excitement that precludes sleep.

THE obstetric binder is one of the few appliances that has stood the test of all ages. It is, when properly applied, a comfort; it is not detrimental, it is sensible. When we refuse to apply a binder we neglect to do *all* we can for the comfort and safety of our patient.

PREVENTIVE MEDICINE:

R. Benzoic acid,	3 j.
Bi-borati sodæ	5 ij.
Aquæ distil qs.	3 vi.

M. Sig. Give one teaspoonful three times daily.

The above prescription is said to be preventive of scarlet fever. It should be given those who have been exposed to the contagion.

T. DE WITT TALMAGE says that no one can do with less than six or seven hours sleep per day; and warns his audience against the fairy tales of great men who slept but three or four hours per night. Americans need more sleep than they get, and the lack of it is one of the elements which render insanity and nervous diseases frequent. No man or woman ever yet kept healthy in body and mind for a number of years with less than seven hours sleep.—*Times and Register*.

An Abdominal Section.

Dr. M. B. Ward has furnished a detailed report of an operation for the removal of the uterine appendages, a synopsis of which is as follows :

Mrs. W——, aged 40, married, has had three children, oldest now 18, and the youngest 8 years; had three miscarriages, the first four years ago, and was caused by an accidental blow against the abdomen. From this sickness she did not recover for a number of weeks. One year afterward she had a second miscarriage, which was quite as serious as the first.

About September, 1889, she again suffered from what was diagnosticated a miscarriage, from which she did not regain her health except to be able to be up a part of the time, and occasionally to ride out in her carriage, and then to suffer greatly for a few days as the reward for her pleasure. To stand erect, or walk without the use of a cane, seemed almost impossible.

About March 1, Dr. J. C. McClintock was called in consultation. Examination revealed a firmly adherent uterus, enlarged and tender tubes; the patient suffering intensely from very careful bimanual manipulation.

We advised the removal of the appendages, as the only relief from her sufferings and means to restore her health. The patient was so much reduced in strength that her husband had to carry her up stairs. Consent was given for the operation, and it was done March 13. Dr. Ward was assisted by Drs. J. C. McClintock, J. W. Donaldson, W. H. Righter and D. F. Rodgers.

The patient would not relax under the anesthetic, which made it quite difficult to operate through a two-inch incision—so perfectly rigid were the recti muscles. Adhesions were numerous and dense. Considerable delay was caused by a bleeding point, where the bleeding was persistent, before the vessel could be found and ligated. The retention of the drainage tube was prolonged to 36 hours, owing to the oozing.

No untoward symptoms occurred to interrupt the progress of her recovery. The tem-

perature the first night was 99, after that it was normal.

Considerable suffering was experienced for the first twenty-four hours, owing to the nausea from ether. At no time was there any bloating, or soreness of the bowels.

In a letter written to a sister six weeks after the operation, Mrs. W—— said: "I never felt the wound at all. Excepting the few moments during which the stitches were being removed, I have never, at any time, felt any pain from the wound. From any trouble that the wound has given me, I would never have known it was there."

Only four months have elapsed, yet the patient is now able to endure many hardships, and gaining every day. Her flesh is hard, skin clear, and in short she is the picture of health.

This case is reported to indicate what may, as a rule, be promised in cases demanding abdominal section when the operation is done before the last spark of vitality has ebbed out.

The KANSAS MEDICAL JOURNAL is pleased to record the above case, as it, and others previously reported show that we have in our own community, surgeons who are prepared by training and experience to perform the most difficult operations with credit to themselves, and profit to the patients.

American Rhinological Association.

OMAHA, NEBRASKA, Aug. 9, 1890.

DEAR DOCTOR:—The American Rhinological Association will hold its Eighth Annual Session at Louisville, Ky., October 6, 7 and 8.

All leading subjects relating to nasal and naso-pharyngeal diseases will be opened for discussion by a leading fellow of the association. The medical profession is cordially invited to attend.

The secretary, Dr. R. S. Knode, Omaha, Nebraska, will furnish any information to physicians desiring to become members.

FOR PRURITUS ANI:

R. Benz. oxid. zinc. Ung.

Campho-phenique, āā 3 ss.

M. Sig. Apply as often as necessary.

The itching frequently disappears as if by magic.—*Medical Progress.*

THE dysenteric period of the year is here. Malaria and dysentery, so to speak, work together. Do not make the mistake of calling this combination typhoid fever (and we think this mistake is made very often.) Don't forget to begin the treatment by a saline cathartic and complete irrigation of the bowels, with salt water as hot as can be borne. By the early free irrigation and clearing out the intestinal tract, the dysentery may be arrested. This is simple, scientific and sure.

IN the malarial fevers, when the irritable stomach will neither tolerate food or medicine, think of your hypodermic syringe and that the neutral hydrochlorate of quiniæ will dissolve in twice its weight of water, and is the best preparation of quiniæ for hypodermic use. You can give ten grains of quiniæ at a dose if your case demands it. This is the ideal method of producing cinchonism. Then the children, how difficult to give the bitter drug. Rub it into the skin, inject into the rectum. Save the stomach, minister to the nutrition of the system.

IT is said that women have not had equal advantage in the medical profession with men, and that obstetrics and gynecology should be given to them exclusively. But from the history of the past, when they were in full possession of the field, they let the science dwindle into empiricism and superstition, and it reverted back to men. The advantages of women, like that of men, being greater now, and with renewed inclination on their part to occupy the field again, they may elevate it into a higher state of perfection through the increased advantages of a higher civilization.

THE chairmen of the various sections appointed at the late meeting of the State Medical Society are getting to work, and showing a lively interest. Already a programme is being arranged by some two or three of the sections for the '91 meeting. If this means anything it indicates a grand meeting at Wichita. You are bound to succeed, gentlemen, go ahead.

THE words "American Ambulance" are painted on each of the hospital wagons used in Paris.—*Chicago Med. Times.*

MEDICAL MISCELLANY.

Fracture of Base of Skull.

The following case recently came under my care. F. R., a farmer boy, aged 13, was kicked by a barefooted horse about noon, May 21, last. I saw him about 4 p. m. the same day. Besides several lacerated wounds in the soft tissues I found a compound dislocation backward and downward of right nasal bone. Air passed in and out at base of nose during the respiratory acts.

He had been unconscious about one hour after the receipt of the injury but seemed perfectly rational when I arrived.

The lids of both eyes were swollen, the right so much so, that it was difficult to get a view, of the eye. Profuse subconjunctival hemorrhage had occurred. Considerable sero-sanguinolent fluid drained from the right nostril for three days. This I regarded as the arachnoid fluid stained with blood.

Hemorrhage which had been profuse continued with more or less severity for three days, during which time the patient frequently vomited blood. The stomach showed so much irritability that it was necessary to nourish the patient by enema during the first week.

I replaced the dislocated bone as best I could closed the flesh wounds and told the friends that in my opinion, the base of the skull was fractured and might prove fatal.

The fourth day after the injury, meningitis accompanied by severe pain in the rear of the eye developed. This continued with more or less intensity during the remaining five weeks the patient lived.

Delirium, divergent strabismus, accompanied by partial paralysis not sharply defined and a pulse below fifty-five per minute was the condition which existed during the latter part of the second week and most of the subsequent course of the illness. There was almost entire unconsciousness for ten days preceding death.

Since it was my first case in that neighborhood my diagnosis had been negatived in the minds of the friends and neighbors by two

competing practitioners, I solicited and secured the privilege of holding an autopsy, which was made in the presence of three regular physicians and as many laymen as wished to look on.

The body was greatly emaciated, right eye considerably sunken and several scars marked the points of former wounds in the soft tissues of the face. The removal of the upper half of the skull and dislodgment of the anterior cerebral tissue revealed a solution of continuity in the cribriform plate of the ethmoid and its vertical plate projecting about three-fourths of an inch into the brain substance. Evidence of basilar meningitis was found and sero-purulent fluid to the amount of six or eight ounces (estimated) was found in the ventricles which accounts for the pressure symptoms.

The highest temperature I found at any time was 102 F.

- The force had been applied to the right nasal bone and distributed to the lower anterior portion of the vertical plate of the ethmoid with which it articulates posteriorly, causing it to rotate on a transverse axis corresponding to the base of the crista galli. A probe could be readily passed from within outward through the ethmoid bone and right nostril.

A force sufficient to produce a fracture of this kind at the base of the skull might be applied to various other parts of the skull without serious harm.

This idea is borne out by the anatomical structure of the ethmoid and the relation of its vertical plate to the nasal bones.

Subconjunctival hemorrhage, followed by brain symptoms after the application of any considerable force to the face should always arouse strong suspicion of fracture of the anterior fossa of the skull.

L. REYNOLDS, M. D.,

HORTON, KAS., July 14, 1890.

USE none of the oatmeal preparations that, according to their advertisements, "can be prepared in three to five minutes." They are mostly oats, with the hulls removed, and chemically prepared. They are very unwholesome. Cook oatmeal thoroughly and a long time.—*N. Y. Med. Times.*

Foreign Body in the Throat.

BY W. B. BIDWELL, M. D., LEAVENWORTH, KAS.

June 12, 1890, Mary A. L., ten years old, residing in the country, was holding in her mouth one of the six-pronged iron jack-stones that children play with, when it slipped down into her throat. She complained of its strangling her, and her mother slapped her on the back, and afterward the patient tried to vomit, but in vain.

After a little while she said she had swallowed it and it ceased to hurt her. She was very nervous and did not sleep for two days and nights. Her throat then became sore and was filled with phlegm.

June 14, a physician was called, who probed for the jack-stone with throat forceps, and once thought he touched it, but afterward concluded he had touched the teeth.

The doctor then told the mother that the jack-stone had probably been swallowed, and had caused swelling by scratching the mucous membrane as it went down.

Two days after, the soreness still continued, and pain in the arms of a pricking, shooting character was complained of, and from this time on for about two weeks, whenever the child attempted to drink the fluid came out of the mouth and nose. After this the child was quite well for about two weeks, except that no solid food was swallowed, nor had any been swallowed since the accident occurred.

The soreness of the throat becoming annoying, the voice hoarse, and the general condition failing, the physician was again called, and administered iron, probably the tincture of the chloride, as the child was supposed to have had enough cast iron.

At this time an examination with the throat mirror was promised, but as the physician failed to obtain one the child was brought to Dr. Brock August 5, her condition then being as follows:

She was somewhat emaciated, expression anxious, respiration hoarse and whistling, voice hoarse and often reduced to a whisper; larynx swollen, a gland opposite the cricoid cartilage being enlarged to the size of a small marble.

The patient not submitting to a laryngoscopic examination, was ordered to return for etherization, and possible operation the following day.

Before leaving the office the throat was examined externally by Drs. Callahan, Van Eman and Bidwell, and the foreign body could be indistinctly felt in the œsophagus just below the level of the hyoid bone.

August 7. Chloroform was administered, and Dr. Brock, with his forefinger pushed down the throat, removed the offending body, which measured about five-eighths of an inch in each direction.

The body had become imbedded in the tissues, forming a pus cavity, and furnishes a classical illustration of the symptoms caused by a foreign body in the œsophagus; strangling, attempt to vomit, inability to swallow solid food, temporary paralysis, pressure on the larynx leading to hoarseness, stridulous breathing and coughing.

The termination was a fortunate one for the patient and attendants, inasmuch as many of these cases call for surgical operations in a region abounding in large blood vessels and nerves, and the operation is both difficult and dangerous.

After removal of the foreign body the patient made a slow recovery; the swelling continuing several days.

Sarcoma of Kidney—Death Autopsy.

A son of Mr. P., age $3\frac{1}{2}$ years, about nine or ten weeks ago showed signs of failing health, weakness by loss of appetite, anæmia, fretfulness, etc., slight fullness appeared just above the left lumbar region, posteriorly, which soon showed in front, about the region of the spleen and stomach. Bowels were regular; appetite gradually declined. No fever, no hæmaturia. About two weeks before, death occurred, examination showed lungs and liver normal: emaciation, enlargement of the abdominal veins, large tumor over the region of the spleen and stomach, with slight bulging over the upper part of the left lumbar region, posteriorly.

The tumor was smooth and dull on percussion. Aspiration yielded negative results,

supportive and palliative treatment was continued until February 9, when death closed the scene.

Autopsy revealed sarcoma of the kidney weighing four pounds. The tumor was adherent to the adjacent structures, as the spleen, liver, stomach and intestines.

REMARKS.

Primary malignant disease of the kidney is rare. It is usually unilateral, and is found more frequently during the first decade of life. It occurs with greater frequency before the fifth year. Gross says, "it may be confidently asserted that carcinoma is never witnessed in early life, and at least two-thirds of all examples recorded as cancer should be classed as sarcoma. We accept the doctrine that cancer are cells which have gone astray and develop under new conditions. Some authorities maintain that cancer begins in the cortex, and afterwards spreads to the pyramids."

Walks and Moxon are of the opinion that the lymphatic glands outside the kidney are primarily attacked, then the hilus.

The latter is probably the correct view. The erroneous idea that malignant tumor formation is a disease of advanced life only, leads a great many physicians to exclude it from the category of infantile diseases.

CLINICAL HISTORY.

There was a rapid growth of some parts of the abdomen, as shown by tape measurement, notwithstanding shrinkage and progressive emaciation of other parts of the body. The primary site of bulging is, therefore, of great importance, as tumor of the kidney will displace other organs upward towards the thoracic viscera. This was demonstrated in the case just cited. The tumor during life was not located particularly in the renal region, but attained its greatest prominence over the region of the spleen and stomach.

The heart becomes embarrassed, the lungs compressed, so that dyspnœa is a prominent symptom during the latter stages of the illness. Usually only one kidney is effected. The right has the preference. Hæmaturia is not found so constantly in malignant renal growths as has been generally supposed. It occurs in about forty to fifty per cent. of all cases, and

when found with co-existing tumor of the kidney is confirmatory. When the tumor is large, and presses on the internal abdominal vessels, there will be enlargement of the superficial abdominal veins, and anasarca and ascites are not infrequent. The tumor does not follow the diaphragm. Fever is rarely present; cachexia is common; pain may be present constantly or only occasionally.

Icthyol and Its Uses.

BY E. E. LIGGETT, M. D., OF OSWEGO, KANSAS.

The purpose of this article is to call your attention to Icthyol, a drug whose remedial powers, exerted in so many and such varied ailments, has made for it a distinguished place among other remedies. My observation leads me to believe, however, that its usefulness has not been sufficiently appreciated among us local physicians; perhaps because our attention has been diverted from it by the other almost innumerable and important new remedies recently brought forward for notice and trial.

Near Seefeld in the Tyrol, is found a peculiar bituminous rock containing fossilized fish and other marine animal matter. Upon distillation this rock yields a clear, yellow-brown oil called ictyol; so named from two Greek words meaning, literally, fish oil. This distillation product, ictyol, treated with sulphuric acid and then neutralized with sodium or ammonium, produces the sulpho-ictyolate of sodium or ammonium. These ictyolates are the preparations used in medicine, preference being given by nearly all practitioners, to the ammonium compound.

Icthyol, or its compounds, was first prepared by Schrötter, a chemist of Hamburg, and used by Unna in the treatment of skin diseases, in 1882. It rapidly grew in favor among the Germans and since that time has received marked attention and been used with great satisfaction by them.

In 1886, in the June and July numbers of the *Therapeutic Gazette*, Joseph Schmidt, of Berlin, published an elaborate and exhaustive article describing Icthyol and its uses. The *Medical News* of February 11, 1888, published

a very practical article on the same subject, read by Dr. Edward Martin, of Philadelphia before the Philadelphia County Medical Society. Since the publication of these articles the American practitioners have been using Icthyol extensively, obtaining as satisfactory results as their German brethren.

Sulpho-ictyolate of ammonium is a slightly volatile, dark red-brown liquid of a syrupy consistency and a pungent or burning odor and taste. The odor, although strong and peculiar is not very disagreeable or altogether unpleasant, and both the odor and taste "may be satisfactorily disguised by the addition of a few drops of alcohol in which equal parts of cumarine and vanalline are dissolved." it is entirely soluble in water; also in equal parts of alcohol and ether, and combines readily with the fats and the petroleum products in any desired proportion.

Schmidt found it to be composed of:

Carbon,	55.05 per cent.
Hydrogen,	6.06 per cent.
Sulphur,	15.27 per cent.
Ammonium,	7.73 per cent.
Oxygen,	15.85 per cent.

99.99 per cent.

It will be observed that it is especially rich in sulphur which "is so intimately associated that it cannot be separated without complete decomposition of the substance;" and according to Unna, "the sulphurous constituents of Icthyol represent its essential and active principle." It is described by the same authority as being "powerfully antiphlogistic causing anæmia and rapid subsidence of swelling in all tissue," this effect being attributed to its action on the blood vessels whereby their calibre is lessened. Physiological studies, however, have not given a very satisfactory explanation of this effect, nor indeed of its general action.

Used as an internal medicament, Baumen and Schotten found it to be innocuous when given to dogs in less than two drachm doses; larger doses caused "copious intestinal evacuations which continued for several days." "Professor Nussbaum took seventy-five grains without ill effects or inconvenience;" the ordinary dose, however, is from one to five grains three or four times a day. It may be

applied to the skin continuously for days without causing the slightest dermatitis, and although it has no anesthetic or antiseptic properties, it has a wonderful effect in controlling the pain and shortening the duration of erythemas and erysipelatous inflammation of the skin.

Given internally, Unna, Schmidt, Schweninger, Nussbaum and others find it "increases the appetite; raises the working power of the digestive organs; regulates (without increasing) the action of the bowels, and heals old gastro-intestinal catarrhs." Its most satisfactory internal use, however, is in rheumatism, neuralgia, sciatica, muscular and joint pains, lumbago and general myalgia. In such cases Lorenze considers it of unsurpassed excellency, and Nussbaum, Schweninger, Gadde, Elliott and others have obtained good results and praise it highly.

Thomas J. Hays has given it internally, and by inhalation through a Genois respirator, "for profuse expectoration in chronic bronchitis, bronchorrhœa, pulmonary consumption, secreting cavities, etc.," and believes it to be "a positive addition to the therapeutics of pulmonary diseases."

As an external application it has been used by Nussbaum, Kopp, Schmidt, Martin and others in erysipelas erysipeloid conditions of the skin, and in burns of the first and second degree, with good results in all, and with "magical" results in some cases. Schmidt is especially earnest in his plea for its use in burns, claiming that its prompt application will prevent blistering in all cases.

The writer's use of the drug has been limited to the external application of a watery solution of varying strength, never exceeding 25 per cent. in

1. Two cases of acute sycosis. In each of these cases a 25 per cent. solution applied every hour entirely relieved the intense pain in twelve hours; and its continued use, at longer intervals, cured each case in about one week. In one case the disease had been in progress about four weeks and had been aggravated by stimulating applications. The relief afforded this patient seemed almost miraculous, considering that the drug used had no anesthetic properties.

2. Four cases of erysipelas. These obtained relief from the burning pain, but the disease otherwise ran its usual course.

3. Six cases of erysipelatous inflammation of the skin. Each of these got very prompt relief from the pain and a complete cure followed in a few hours.

4. Twenty cases of "dermatitis venenata," of all degrees of severity, and in all stages of the disease. A 25 per cent. watery solution of ichthyol applied every two hours made it possible to discharge every case convalescent in twenty-four hours with but two exceptions, when thirty-six hours were required to effect a cure.

My experience with the drug, therefore, leads me to conclude:

1. That it alone is not curative in erysipelas, but that it is an excellent local application, giving more relief than most remedies applied externally.

2. That in all local erythemas its effect is wonderful; in ivy poison it is as nearly a specific as quinine is in the malarial fevers and it stands alone as a remedy of unsurpassed or unequalled value in such cases.

3. That it merits great confidence and demands further trial in cases of acute sycosis.

In all cases where it is used externally, after one or two applications, the parts should be thoroughly washed in warm or hot water to get rid of the dried residue of the former applications, permitting the fresh application to come in direct contact with the diseased surface.

Japan a Highly Syphilized Nation.

Dr. A. S. Ashmead, in an interesting article in the *N. Y. Medical Record*, July 2, says of it, that the maximum of the population have had syphilis or escape it because of ancestral protective inheritance, through multiple inoculations in preceding generations. The disease is generally of a mild type compared with that of Europe and America.

A MAN the other day was complaining to his butcher that the piece of meat sent him was so tough that his mother could not even chew the gravy.—*Kansas Medical Catalogue*.

An Insidious Cause of Disease.

The above is the title of the leading article in the *Homœopathic Envoy* for August, in which the writer says: "There is, perhaps, no more fruitful source of chronic, and apparently hopeless disease than the so-called 'cure' of skin diseases by external means."

The following case is then given by way of illustration, and the writer "bespeaks a careful reading:"

"In the winter of 1885, I was called to give 'some relief' to a girl of ten years in the last stages of consumption. I found poor Minnie B. in a most deplorable condition, emaciated to the lowest degree, constant racking cough, expectoration free, of purulent sputa, stitching pains in lower lobe of left lung, clavicles very prominent, by the sinking of upper lobes of both lungs; exhausting night sweats, having but little sleep from the constant cough and expectoration; no appetite, the small amount of food taken but partially digested; bowels inclined to diarrhoea. Diagnosis of tuberculosis pulmonalis was too evident to be mistaken; corroborated by physical exploration of the chest.

"Of course I could give the mother no rational ground of hope, nor remove her fears that before the melting of the snows her daughter would be laid to rest. After leaving such palliating remedies as were suggested, and whilst wrapping up to meet the wintry winds for my return, it occurred to me to ask the mother if her daughter had in babyhood been afflicted with a humor? The answer was instant. 'A humor, sir; why, when a babe, her head was *one running sore!*' Laying aside my coat and reseating myself I asked: 'Yes; and how about the case?' 'A doctor from Biddeford (allopathic) attended her for a long while; he kept her head smeared with ointments, and after months of external treatment cured her and she has had no return of humor since.' Of course I am interested now. At once I laid aside the palliatives just prepared and left instead powders of calcarea carb. 6 x trit. This remedy, after a few days, was changed for sulphur, 12x; one powder each morning for a week; after which I returned to calcarea carb. This, after a few

weeks, was changed for calcarea phos. The night sweats, *at first*, disappeared; appetite returned; food well digested; side pains disappeared; and soon a marked change was observed in the appearance of the sputa, no longer purulent; night cough less, with return of sleep.

"Improvement began in less than one week from taking the first dose of calcarea, and continued steadily from that time. For weeks and months infrequent doses of calcarea were administered, followed by placebos. Near the close of the following summer I was called to the office door by the bell. Standing there was a beautiful young miss, with florid cheeks and full form, with a smiling countenance, waiting to be recognized. 'Do you not know your little patient?' was the laughing query from my consumptive girl, doomed to have been laid to rest beneath the *snows of a New England winter!*"

A homœopath may not see anything wonderful in the cure of "a most deplorable" case of tuberculosis pulmonalis, with Hahnemanic dynamizations of chalk and sulphur, which in simplicity far excels Bergeon's rectal injections of gas, with improvement after a few days' treatment, provided he gets "interested" and strikes the scent of psoriasis or scabies, though the fungi or acari have long been dead. If a faithful disciple of Hahnemann, why should he need the information, "in babyhood she had been afflicted with a humor, and so get "interested." Hahnemann, in his *Orgnon*. (page 183) says he spent twelve years in tracing the origin of an "incredibly large number of diseases to their source," viz., itch. To use his own language, "this hydra-headed monster of disease does, after the completion of the internal infection of the whole organism, announce by a peculiar cutaneous eruption, sometimes consisting of only a few vesicles, accompanied by intolerable voluptuous tickling, itching, (and a peculiar odor), the monstrous internal chronic miasm—the psora, the only real fundamental cause and producer of all the other numerous, I may say, innumerable forms of disease, which under the name of nervous debility, hysteria, hypochondriasis, mania, melancholia, imbecility, madness, epilepsy, and convulsions of all sorts; of soften-

ing of the bones (rachitis), scoliosis and cyphosis, caries, cancer, fungus, hæmatodes, malignant organic growths, gout, hæmorrhoids, jaundice, cyanosis, dropsy, amenorrhœa, hæmorrhage from the stomach, nose, lungs, bladder and womb, of asthma and ulceration of the lungs, of impotence and barrenness, of megrim, deafness, cataract, amaurosis, urinary calculus, paralysis, defects of the senses and pains of thousands of kinds, &c., figure in systematic works on pathology as peculiar independent diseases."

Not to be outdone by his master, Mr. Everst makes a still more comprehensive and extensive list of the fearful consequents of this dreadful disease. The proofs of Hahnemann's doctrine are from his own experience. "The taint is, as Scripture has hinted, and investigation has within these few years shown, the parent of all these chronic tendencies, these cachexias, these scrofulas, these atrophias, this sterility, this atony, this gout, this rheumatism, this phthisis, this hereditary insanity, with all its hydra heads and multiform shapes and shades, dark passions, furious lusts, stubborn obstinacies, scowling tempers, suicidal manias, gloomy revenges, gnawing jealousies, fretfulness, ill humor; in short, all the various aberrations of mind, and reluctance to bear patiently the burdens which the Lord lays on man. The chronic taint in the constitution increases the chronic proneness to sin which Adam left us. This combination of the two, aided often by stimuli, and almost always by large doses of violent, inappropriate medicines antecedently given, (medicines which a child may put into the constitution but which ten men can not get out again,) which festers in your jails, rots in your hulks, seethes in your lanes and alleys and bubbles up in crime, madness and eccentricity all over your land. This it is which makes your atheist on the one hand, your bigot on the other. This it is which feeds the flame of folly everywhere over the earth, placed Simon on his pillar, sent the world on crusades, lights the gutter. Nay, (Why travel eastward?) which here in our land gave disciples to Johanna Southcote, creates Mormons, peoples Agapemore, begets holy jackets and bleeding pictures—and confounds God's reasonable heritage with crime,

guilt, lust, passion, disease, lunacy, folly, idiocy." (Mr. Everst's sermon, p. 39.)

From the article above quoted, where it is claimed phthisis pulmonalis is cured by calcaria carb. 6 x trit., changed after a few days for sulphur 12 x, one powder each morning for a week with a return to calcaria c., and in a few weeks changed to calcaria phos., we may infer that all the dreadful conditions and diseases above enumerated are amenable to the same treatment. If these vagaries of unbalanced minds were true, we should forthwith substitute churches and Sabbath schools, and boards of health, asylums and penitentiaries, and all the various means used to uplift man intellectually and morally, to preserve health and prolong life, would yield the palm to sulphur and calc. c. But alas! it only "occurs to the faithful disciples of Hahnemann, after prescribing and while "wrapping up to meet the wintry winds," to inquire whether the patient "had in babyhood been afflicted with a humor."

S.

The New York Polyclinic.

The catalogue of the New York Polyclinic shows an attendance for the session of 1889-90 of 422. The following extract shows that the faculty have resolved to exclude all but graduates of regular medical colleges from matriculating at this school.

"Practitioners, who are graduates of regular medical colleges, or who, having attended one or more courses of lectures at such college, and have a legal permit to practice, will be admitted."

A pupil in one of our public schools complied recently in the following manner, with a request to write a composition on the subject of a physiological lecture to which the school had just listened: "The human body is made up of the head, the thorax and the abdomen. The head contains the brains when there is any. The thorax contains the heart and lungs. The abdomen contains the bowels of which there are five: a, e, i, o, u, and sometimes w and y."—*S. M. Journal*.

TWENTY-EIGHT per cent. of all births in Paris are (reported) illegitimate.

For the KANSAS MEDICAL JOURNAL:

**Report of a Case of Misplaced (Credulity)
Confidence.**

I was called Monday morning, 2:30 a. m., to see Mrs. Blank. Her husband told me she was having cramps. I found her propped up and gasping for breath, limbs cold, lips purple, cyanosis well marked, pupils contracted; wanted the lamps lighted, complained she could not see; features drawn and shrunk. Collapse seemed to be eminent. She would have a chill every five or ten minutes, chill ushered in with gaping; her teeth would chatter and her whole body would shake and shiver; pulse weak and slow, but did not intermit. I gave her a mixture of chloroform, Hoffman's anodyne and spirits of ammonia aromatic, to warm her up and relieve the internal congestion, also had her inhale nitrate of amyl. Under my ministrations the collapse was abated and the chills became lighter and farther apart, so that at five a. m. I left her resting easy. After she had become better I remarked that her symptoms reminded me of a similar case in which I had charged the symptoms to a ten grain dose of antipyrin. She then told me she had had a headache Sunday afternoon and had taken three doses of "Preston's Hed Ake," a nostrum that has been lately introduced and advertised as a cure for headache, and warranted to contain no "morphine, chloral, cocaine, antipyrin or any other dangerous drug." The last dose being taken at nine p. m.

From the extended reputation of antipyrin as an antidote for the ails and aches of la grippe, as well as the enthusiastic praise given it in some medical journals by physicians for headache, we may expect in the near future to learn of many cases of poisoning by the coal tar synthetic remedies put to the front in patent medicines as pain relievers. I am satisfied the above case was one of collapse from antipyrin or antifebrin. The symptoms simulate both in some respects.

One other symptom aside from contracted pupils I forgot to mention, (an opium symptom,) itching of the nose.

I write this to put you on your guard, brother doctors, should you be called to a similar case.

W. K. H.

A SUCCESSFUL NEW DRUG.—An efficient emollient and sedative is one of the chief indications in the treatment of the urinary tract. Among the remedies employed for this purpose, Pichi (*Fabiana Imbricata*), has, through long clinical testing, won an enviable place. The demand for this drug and the difficulties of obtaining proper supplies has led to the appearance in the market of much pichi of inferior and therapeutically useless quality. Parke, Davis & Co. state that they employ a special agent in the habitat of this drug to collect supplies, and guarantee its quality. They will also on request supply samples to those physicians who desire to clinically test it in their practice.

REST IN THE TREATMENT OF TETANUS.—We are told by *Chamber's Journal* that Prof Renzi, of Naples, has treated successfully several cases of tetanus, by absolute rest for the patient. This absolute rest does not mean simple release from labor, but includes rest for the several senses as well as for the body. The ears of the patient are closed with wax, the room is darkened, and the floor is heavily carpeted. Every fifteen minutes the nurse enters with a shaded lantern to attend to his wants, and to administer food such as eggs, milk and other fluids. Nothing solid or requiring any attempt to masticate is given. Sedatives are administered as required to relieve pain. It is said this treatment shortens but little, if any, the length of the disease, but it lessens the force of the paroxysms, which gradually cease altogether.—*New York Medical Times*.

DR. LONGENECKER'S paper on page 597, of the August number, line 7, from bottom of page, first column, should read Dr. Bull instead of Dr. Ball. Page 598, first column, line 21, should read operative methods. Page 599, first column, line 13, should read excretion; line 28 should read Kneis & Bailey. Page 598, in second column procedure, should read Mr. Cowper.

OREXIN, named from its supposed properties as an appetizer and digestive, has proven to be practically useless.

THAT influenza and cholera are bound together by any relationship, is generally scouted by those medical journals which have mentioned the coincidence between the occurrence of the two diseases. Prof. Zdekauer, a medical authority of St. Petersburg, is inclined to regard the danger as by no means a remote one. It has been his lot to see four epidemics of cholera in the years 1839, 1848, 1866 and 1884. In each case an epidemic of influenza occurred in the year preceding the cholera visitation, and he fears that the cholera germ, "after passing the winter on our soil will spread the cholera next spring." As a safeguard, he advises unusual attention to sanitary matters in the Prussian capital, so that if the cholera does come it will find the city in the best condition for resistance to the disease. Prof. Zdekauer calls attention to the fact that cholera flourishes most in countries like Italy and Spain, where but little attention is paid to sanitation; while in England, where the public health is closely looked after, cholera never makes but little headway.—*North Western Lancet*.

THE FORCEPS—A DEATH TRAP.—A correspondent of the *British Medical Journal* writes as follows:—Last week I attended a healthy young Primipara, assisting her when exhaustion was setting in with the forceps. My hands had been soaked in sublimate solution, and the forceps smeared with carbolyzed glycerine. The uterus contracted firmly, and there was no oozing after delivery. In two days fever, ending fatally, set in. I could not imagine how this patient became infected till I took the wooden handles off my forceps. Beneath the wood was a good coating of blood—dry, black and dirty; there was plenty of the same stuff round the screws and in the screw holes; this, I think, explained the septicæmia. The traction expresses this poisonous stuff, liquified by soakage, and from the hands of the doctor, notwithstanding the early sublimate soakage, the patient is poisoned. We have got to the time of day when the handles should be metallic, and of one piece with the blades, I put my handles in the fire, and when I put the blades in position for the future will put a towel round the flats to protect my hands. I am, etc.

DAMAGE OF SYPHILIS.—The tissues of a person who has had syphilis are to be regarded as damaged, and so permanently placed at a disadvantage for the wear and tear of existence. They are liable, under slight irritation, to take on an inflammatory condition, which is apt to become chronic. Hence the presence of palmar psoriasis from the friction of an umbrella or walking-stick, and psoriasis of the tongue from the irritation of tobacco smoke or carious teeth. Further, this peculiarity of the tissues damaged by syphilis must obviously predispose to chronic inflammatory affections of the circulatory and nervous systems, and so pave the way under suitable conditions for ataxy or impairment of the cerebral circulation.—*New York Medical Times*.

"I am prescribing Tongaline with satisfactory results. For the indefinite aches and pains of nervous patients it is superior to any other anodyne. For Nervous Headache or Muscular Rheumatism it is almost a specific.

"PARK RITCHIE, M. D. St. Paul, Minn."

A PIN was lately removed from the ear of a woman at the university hospital. She had used it to stop itching, when it slipped into her ear and penetrated the drum head.—*Times and Register*.

THE death of Prof. J. Adams Allen, A. M., M. D., L. L. D., Dean of Rush Medical College, is chronicled in the last number of the *Journal of the American Medical Association*.

"I used Ponca Compound with great benefit for a patient who suffered from periodical headaches in connection with uterine disease.

"M. S. LUND, M. D.,
Roseburgh, Oregon.

"Pack my box with five dozen liquor jugs," contains all the letters in the alphabet.—*Southern Medical Record*.

THE population of the United States, according to the last census, is about 6,500,000.

SHALL consumptives marry?

"April 15, I was called to see Mrs. M—, aged 24 years, who has been confined to her bed for three months with ulceration of the os and a continuous hemorrhage.

"I prescribed Ponca Compound for her and in three days all her hemorrhage was arrested and in ten days she was able to attend to her duties. On April 30 I discharged her, as she felt perfectly well.

"W. LONG, M. D.,
"Mt. Pleasant, Maury Co., Tenn."

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